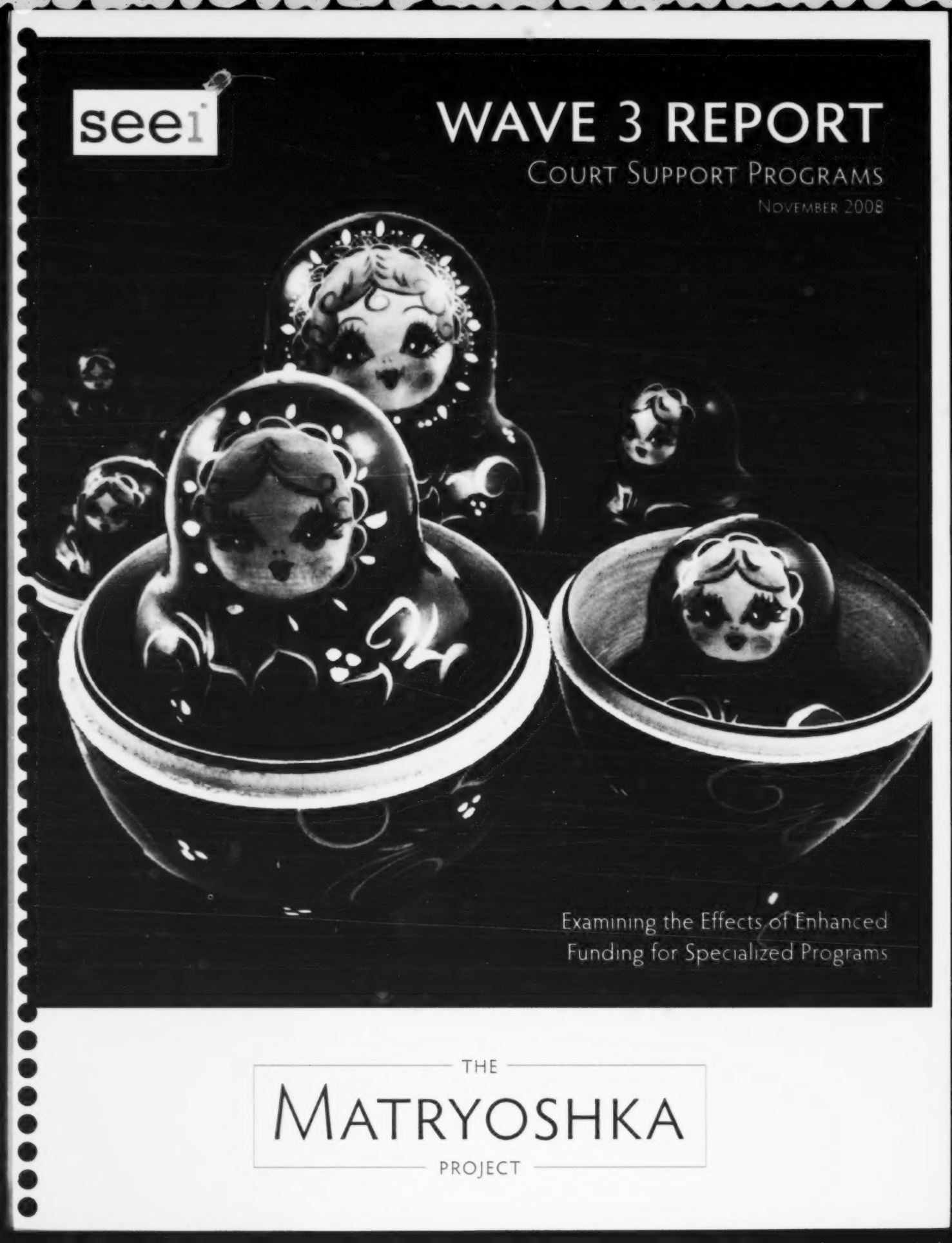
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WAVE 3 REPORT
COURT SUPPORT PROGRAMS
NOVEMBER 2008
Examining the Effects of Enhanced
Funding for Specialized Programs
THE
MATRYOSHKA
PROJECT

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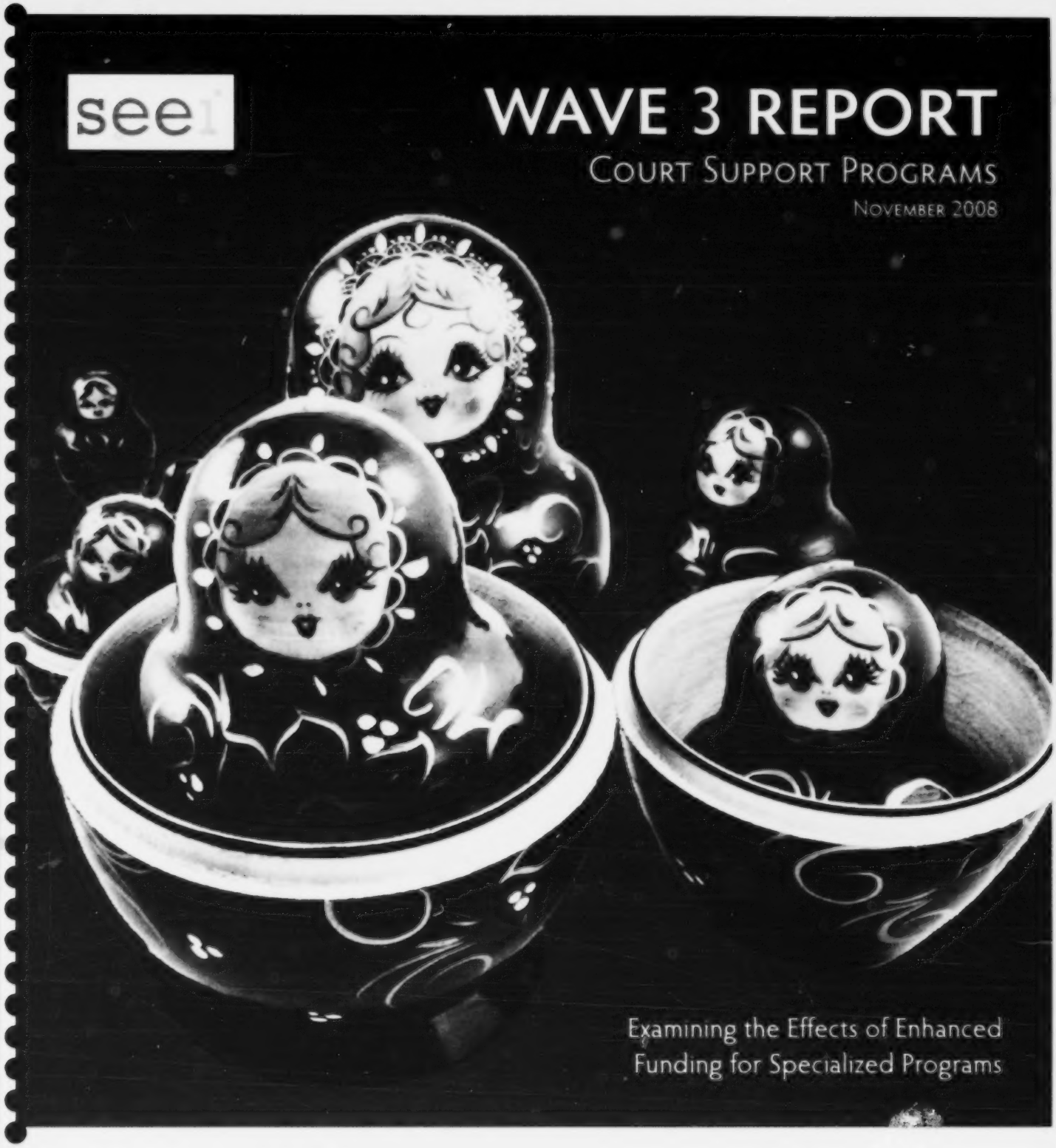

THE

MATRYOSHKA

PROJECT

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The Purpose of this Report

The purpose of this report is to present selected findings from the three waves of the Matryoshka project's data collection. Wave 1 took place in October 2005 and represented the study's baseline; the data offer a picture of the programs before they were able to fully implement the new programs that were funded by the Ministry's Accord and Service Enhancement money. Wave 2 occurred in Fall 2006 and Wave 3 in Fall 2007.

We hope these quantitative findings will be useful to the programs by allowing them to see how they compare with similar programs in the Province and how they have changed over the three years. This information may also be used to identify strengths as well as areas for future improvement.

Highlights of the qualitative findings from the decision maker and client interviews as well as discussions with program managers are also included in this report. They are presented to provide more information about the context in which the quantitative results were observed. More in depth analyses of the qualitative data are available in separate reports.

A disclaimer:

The experiences of these programs may not necessarily be representative of those of other similar programs. In addition, the clients who participated in the study may not be reflective of all clients in the programs.

Brief Description of the Matryoshka Project

The Matryoshka Project is part of the System Enhancement Evaluation Initiative (SEEI). It is a 3-year project looking at selected programs throughout the province. Its purpose is to examine the effects of the Government's new investments on the continuity of care experienced by new and ongoing clients of the system. For the purpose of this evaluation, we look at five dimensions of continuity of care: (1) timeliness of services, (2) intensity of services, (3) comprehensiveness of services, (4) coordination of services and (5) accessibility of services.

In addition, we focus on two types of specialized programs: (1) those for young people experiencing their first psychotic episode (early intervention programs) and (2) court support programs for individuals with mental illness who are involved with the justice system. This report focuses on the study's court support programs.

What are Court Support Programs?

Court support programs provide a wide range of services to individuals who could benefit from mental health services and who are at various points of contact with the justice system. An individual's earliest point of contact with the justice system might occur with the police. At that point, court support programs may link the individual to mental health services as an alternative to charges and incarceration. These types of services include pre-charge diversion services and often are developed in partnership with local police.

Court support programs also provide services to individuals who have been charged with as well as those who have been convicted of a criminal offence and who could benefit from mental health services. Services for these individuals are designed to assist the judiciary, clients and their families with the legal process, to link clients to services and to provide brief services and supports to clients.

These programs also serve as advocates with their local Human Services and Justice committee, offer public education and provide consultations to mental health care providers, clients and members of the Justice system. Program staff spend a significant amount of time on these types of brief contacts.

Organization of the Report

The report begins with the Key Findings. These represent highlights and interpretations of our findings and were developed through discussions with the programs participating in the project. The Key Findings are followed by more detailed descriptions of the data. For the most part, the descriptions focus on findings that were statistically significant at $p<0.05$. The appendices contain detailed tables and descriptions of the participating programs.

For the purposes of this report, we defined three region types based on the population densities of the regions in which our programs resided. These regions were categorized as: (1) metropolitan/urban region with populations of at least 3,929 people per square kilometre, (2) midsize regions were areas with populations between 200 and 450 people per square kilometre and (3) rural regions were areas with less than 100 people per square kilometre.

Key Findings

1. Clients who have involvement with the Justice system face difficulty in accessing care. This difficulty may reflect the facts the system has reached capacity and the challenge of providing services to clients with Class 2 and 3 charges. In addition, clients have met resistance from the mental health system to provide care to clients who have had legal involvement.

FACTS

- Relative to Waves 1 and 2, in Wave 3 clients received a lower proportion of the services they needed.
- Compared to Waves 1 & 2, in Wave 3 there was an increase in the proportion of service that were underused.
- Compared to Wave 1, in the two subsequent Waves there were significant increases in the proportion of referred services that had a wait period of more than 1 month.
- In Wave 3, more than two-thirds of clients had either Class 2 and/or Class 3 charges.

2. Court Support Programs provide services to clients who represent a continuum of involvement with the Justice system. Although a significant proportion is not diverted out of the court system, they are diverted to mental health services.

FACTS

- In Wave 3, about a third of clients were on bail and another third were awaiting trial.
- In Wave 3, more than two-thirds of clients had either Class 2 and/or Class 3 charges.

3. Many of the Court Support Program clients face challenging life circumstances. This underscores the difficulty in decreasing recidivism when clients constantly face the prospect of a dismal quality of life. In addition, there are variations in the degree of challenges faced by clients with respect to the region in which they live.

FACTS

- In all three years, more than a third of clients lived in households with annual incomes of less than $10,000.
- In all three years, the majority of clients reported having annual incomes of less than $11,000. In Wave 3, the reported an average monthly income of $928.
- In all three years, the majority of individuals in the court support programs did not have any post-secondary schooling. In addition, about a third indicated they did not complete high school.

4. Court Support Programs provide a broader service to the community beyond their clients.

FACTS

- About 22% of case manager time is not spent in direct client contact. Rather, they provide these brief consultations in which they consult about basic living supports, assistance with bail planning and liaise with lawyers and the crown.
- About a third of brief contacts occur on the phone with another third happening in either court, holding cells or jail.
- Program staff seek to spend between 25-30% of their time in the court setting where they can be more accessible for these consultations.

Background of the Matryoshka Project

In 2002/2003, the Ministry of Health and Long-term Care reviewed the results of the nine regional mental health reform taskforces. The recommendations that arose from these reports began to quantify the mental health service needs throughout the province. These reports underscored the need for additional funding for the mental health system.

In 2004/2005, the government of Ontario began investing significant new funds in the community mental health system. Through the Health Accord for Home Care federal initiative, the Ministry of Health and Long Term Care allocated $117 million over a four-year period. But, the funding had important restrictions. Ontario was the only province that dedicated accord funding to mental health. As a requirement of funding, it had to be earmarked to target the needs of the population who would meet the criteria for homecare (i.e., those who were recently discharged from hospital and could be supported in the community). Recognizing the relationship between community mental health services and inpatient care, the Ministry invested the funds in community mental health services to support intensive case management, assertive community treatment, crisis intervention and Early Intervention programs. The first allocation of $20 million was made in the summer of 2004, and a second of $50 million in the summer of 2005; additional allocations followed in 2006 and 2007.

The Service Enhancement Initiative is the result of an inter-ministerial partnership to keep persons with mental illness out of the criminal justice and corrections system. This joint funding also came with requirements. The investment had to be in programs that would produce a quick return within a 12-month period. A total of $50 million was allocated for court support programs, intensive case management, crisis intervention, supportive housing and safe beds. A first allocation of $27.5 million was made in January 2005 and a second in May 2006. Additional allocations targeted sector stabilization (base program funding increases) and new supportive housing units. In sum, between 2003/2004 and 2007/2008, community mental health program funding from the Ministry increased by over 50%.

The Mental Health Systems Enhancement Evaluation Initiative (SEEI) is a project funded by the Ontario Mental Health Foundation and supported by the Ontario Ministry of Health and Long-Term Care. The initiative is led by members of the Health Systems Research and Consulting Unit (HSRCU) at the Centre for Addiction and Mental Health (CAMH) and draws upon the support of an executive advisory committee composed of stakeholder groups. The purpose of the SEEI is to evaluate and communicate the effects of the Government's new investments. To ensure effective communication with the field, a cross-provincial mental health knowledge exchange network has also been developed.

The Matryoshka Project

The Matryoshka Project is one of the SEEI's two Phase I studies. There were also studies funded in Phase II of the initiative. The Matryoshka project is a 3-year study looking at selected programs located throughout the province. Its purpose is to examine the effects of the Government's new investment on the continuity of care experienced by new and ongoing clients of the system. For the purpose of this evaluation, we look at five dimensions of continuity of care: (1) timeliness of services, (2) intensity of services, (3) comprehensiveness of services, (4) coordination of services and (5) accessibility of services.

Our Data Collection Approach

The approach the Matryoshka Project uses is based on the recognition that programs and individuals do not exist in silos. Rather, the system is like a matryoshka, the Russian stacking dolls with each layer stacking within the other, each with its own face and personality but each a part of larger puzzle that comes together to create a whole. At the core is the client who is surrounded by the program. In turn, the program is surrounded by the system in which it exists; this local system is not solely composed of community mental health programs but also partners such as the legal, educational and social service systems. The individual community systems exist within the regions and the regions within the Province and Province within the country.

In Wave 1, we gathered information from clients and decision makers. The decision maker group included the agency executive directors, program managers and Ministry of Health staff. There were three data collection parts. We began with client quantitative interviews that started in December 2005 and ended in March 2006. In February 2006, we began our qualitative interviews with decision makers; these interviews were ongoing until March 2006. In March 2006, we began and completed qualitative interviews with program clients.

In Wave 2, we interviewed clients, families and program managers. There were two data collection parts. We began with client quantitative interviews starting in November 2006 and ending in February 2007. In February 2007, we began our qualitative interviews with program managers; these interviews were ongoing until March 2007.

In Wave 3, we interviewed clients, families and a decision maker group included the agency executive directors, program managers and Ministry of Health staff. There are three data collection parts. We began with client and family quantitative interviews starting in October 2007 and ending in February 2008. In March 2008, we began our qualitative interviews with clients and families; the last of these interviews were completed in July 2008. In September 2008, we will begin our decision maker group interviews and anticipate completing them by November 2008.

Our Focus

The Matryoshka project focuses on two types of specialized programs: (1) those for young people experiencing their first psychotic episode and (2) court support programs for individuals with mental illness who are involved with the justice system.

These two types of programs were selected for two reasons. First, these types of programs serve groups that are identifiable. One of the most difficult aspects of developing a mental health system that provides continuity of care relates to the fact that the individuals using the system are varied. As a result, it is difficult to identify all the services and supports that various groups need. By focusing on specialized programs, we know what group that service is targeting.

Second, a significant proportion of the new Ministry investments were earmarked for both these types of programs. This is a signal that these types of specialized programs are provincial priorities.

How We Selected Local Systems for the Study

With suggestions from our executive advisory committee and the Ministry, we selected local systems for the study by considering whether:

1. The local system had an early intervention and court support program that received funding Enhancement and/or Accord funding.
2. The local system was willing to participate in the systems evaluation and to support the associated evaluation activities.
3. We would have systems from various parts of the Province (we did not want them all to be located in the Toronto area).

How We Selected Early Intervention and Court Support Programs for the Study

With advice from our executive advisory committee and the Ministry, we selected programs by considering whether:

1. The program staff was willing to participate in the systems evaluation and to support the associated evaluation activities including data collection.
2. The program had the capacity to have at least 64 clients enrolled in the program at any one time.
3. The program was a mature program; we did not include early intervention programs that were established under a previous mandate.
4. The program was involved in another local evaluation; we did not want to intrude in ongoing data collection efforts.

Clients Interviewed

Study participants were recruited from participating programs. The goal was to obtain a snapshot of who was using the programs. In Wave 1, all clients who were enrolled at some time during the month of October 2005 were asked for their permission to be interviewed by one of the Matryoshka Project's team of interviewers. The same approach was taken for Waves 2 and 3 in their respective years.

This snapshot approach has the advantage of minimizing client and staff interview burden and allows for timely feedback to the programs and the Ministry.

In October 2005, 5 of our 6 participating court support programs were in operation. The only program that did not begin operation until after October 2005 was the one from Muskoka Parry Sound Community Mental Health. By October 2006, it was in operation and serving clients. Brief descriptions of the programs are included in the Appendix.

Methods

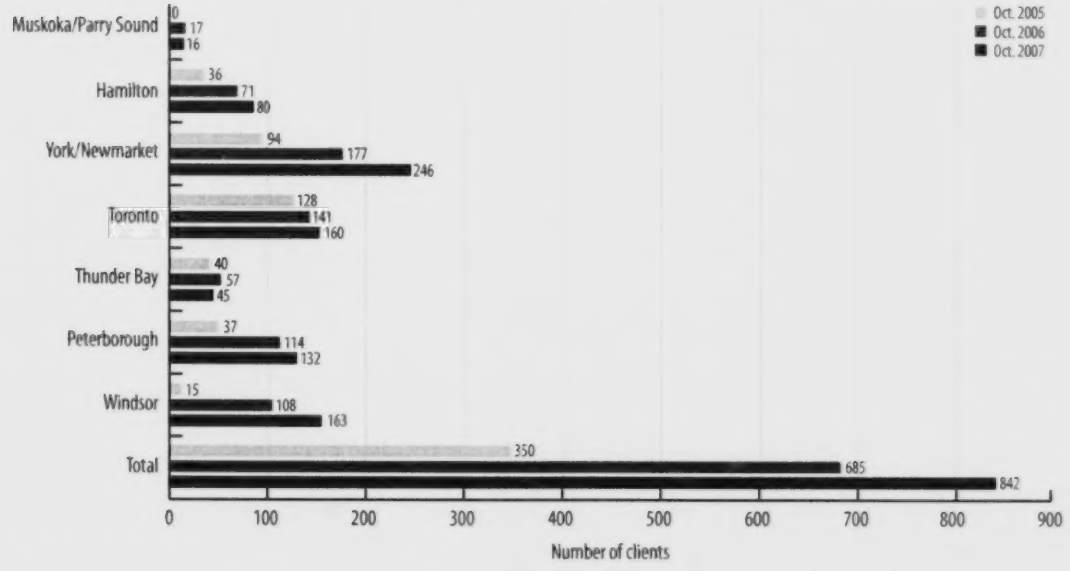
The quantitative information presented in this report represents information that we collected by interviewing clients and their families and case managers. Interviewers were recruited from each of the communities in which the programs were located. All attended a two-day training workshop that was led by a research scientist who also provides training for Statistics Canada's interviewers.

In Wave 1, 38 interviewers were trained to administer the quantitative interviews. In Wave 2, there were 35 interviewers trained and in Wave 3, there were 27. Many of the interviewers returned for all three waves. During the Wave 2 and 3 training sessions, these returning interviewers offered valuable insights and suggestions that have enhanced our training materials and the quality of the data collected.

Total Enrollment in Court Support Programs | *See Table 1*

Between Waves 1 and 2, the number of clients served by the Matryoshka Project's court support programs increased by 96%. Between Waves 2 and 3, there was a 25% increase.

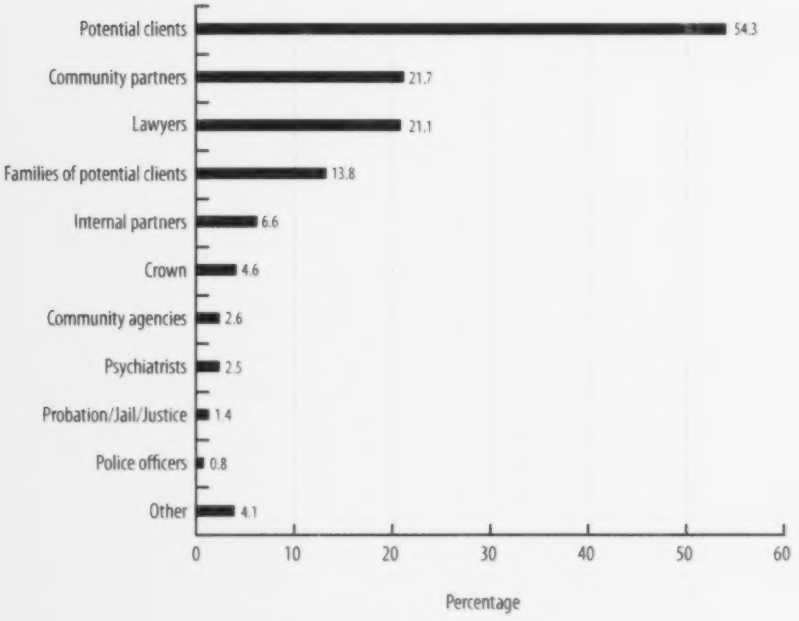
FIGURE 1a. Total Clients Enrolled in Study Court Support Programs: October 2005, October 2006 & October 2007



Enrolment in court support programs is voluntary and the majority of clients choose to stay. About 98% of clients who were enrolled in court support programs remained enrolled after their enrolment.

It should also be noted that part of the mandate of these programs is to provide brief consultations to members of the Justice sector including lawyers, police officers and probation officers. They also serve as consultants to potential clients and their families and other community agencies and providers. Program staff assist these groups who are new to either the mental health or court system by explaining what they should anticipate in both.

FIGURE 1b. Court Support Case Manager Time Spent in Brief Consultations: November 2007



The enrolment numbers do not capture these activities. To understand what these brief consultations entail, court support workers completed activity logs during November 2007 to capture who these brief consultations were with, where they took place and the types of issues that were discussed.

These logs indicated that on a given day, about 22% of case manager time is spent providing these brief consultations in which they consult about basic living supports, assistance with bail planning and liaise with lawyers and the crown. About a third of these contacts occurred on the phone with another third happening in either the court, holding cells or jail. These figures are not surprising in light of the fact that program staff seek to spend between 25-30% of their time in the court setting where they can be more accessible for these consultations.

And I had to, basically to get proper care I had to commit a crime. You know, harassing my brother, to get it going. He laid charges on me. Other than that - people don't realize that there is help out there. Now that I have the help I won't leave it. I don't even - I know I'm not ready to leave the help either. So, either that or I sit at home in worse shape than, you know, sit and cry all the time.

— Client

Continuity of Care | *See Table 2*

The continuity of care measures calculated using the Ministry of Health and Long-Term Care's *Court Support Program Framework*. Specifically, the measures focus on the services identified in the standards: case management, ACT, family support, vocational/educational support, housing, self-help, social/recreational support and peer support.

The trends in the continuity of care measures suggest that the new services that were introduced for this population have reached capacity. They may also reflect the difficulty associated with getting referrals for this population accepted. For example, many community programs and providers will not accept referrals unless court involvement has been resolved. In addition, many of the community programs consider clients who have had involvement with the Justice system as high risk.

Timeliness of Services:

This indicator was calculated using the number of each client's services that were referred to other programs and the number of those services for which the referral was accepted in 30 days or less.

Compared to Wave 1, in the two subsequent Waves there were significant increases in the proportion of referred services that had a wait period of more than 1 month.

In Wave 3, of the three regions, clients in midsize regions accessed a greater proportion of their services within 30 days of referral than clients in the other two regions.

Comprehensiveness of Services:

This indicator was calculated using the proportion of needed services that were being used by each client. Relative to Waves 1 and 2, in Wave 3 clients received a lower proportion of the services they needed.

Intensity of Services:

To measure the intensity of service, we calculated the proportion of needed services for which there was a match between the amount of services needed and the amount used by each client.

In Wave 3, there was an increase in the mismatch between the amount of each service needed and that was used. Compared to Waves 1 & 2, in Wave 3 there was an increase in the proportion of service that were underused.

30-DAY GAPS IN SERVICE:

A gap in service was defined as a 30-day period during which the program lost contact with a client who needed services. In all three years, about 18% to 25% of clients had at least one 30-day gap in services.

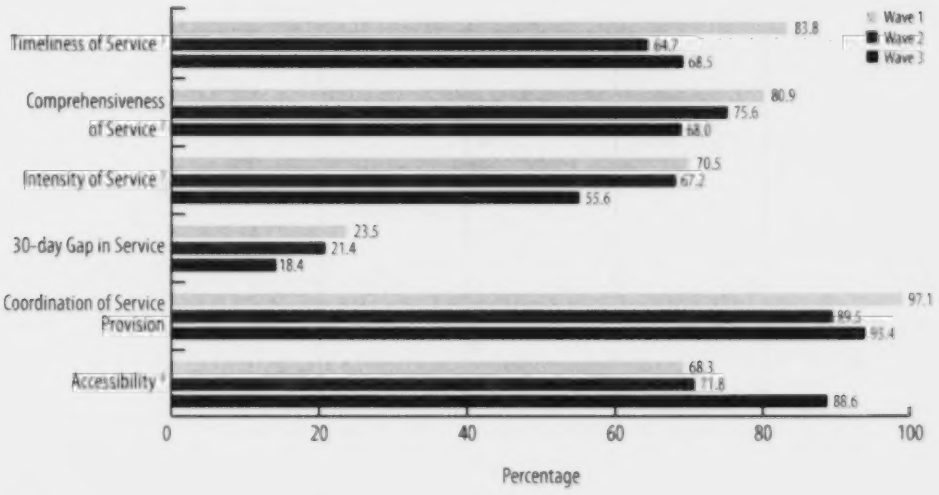
COORDINATION OF SERVICES:

This indicator reflected the ratio of referrals that were accepted to those that were made for each client. On average, in all three years over 90% of referred services were accepted.

ACCESSIBILITY OF SERVICES:

This indicator represented the proportion of needed services that were within a 1-hour traveling distance of where the client lived. Compared to Waves 1 and 2, in Wave 3 there was an increase in the proportion of services accessible within a 1 hour traveling distance.

FIGURE 2. Continuity of Care Measures for Study Court Support Programs: Waves 1, 2 & 3



[7] Significant difference exists in percentages of services referred with wait period <1 month between Wave 1 & Wave 2 ($p<0.01$) and between Wave 1 & Wave 3 ($p<0.01$).
Significant difference exists in percentages of needed services received between Wave 1 & Wave 2 ($p<0.01$) and between Wave 2 & Wave 3 ($p<0.01$).
Significant difference exists in percentages of services that were matched between the intensity of current use and estimated need between Wave 1 & Wave 3 ($p<0.01$) and between Wave 2 & Wave 3 ($p<0.05$).
[8] Significant difference exists in percentages of services within 1 hour of traveling time between Wave 1 & Wave 3 ($p<0.01$) and between Wave 2 & Wave 3 ($p<0.01$).

Well back in the 80's if I had an emergency I would have to run automatically to the hospital just to see an emergency Psychiatrist and nine times out of ten they'd hospitalize me. Whereas in this case you have the same person who is ready and willing to talk with you and when you have that same person talking with you it's much easier because they know what you're talking about because of past conversations and past experiences. Where in the past it wasn't the case as you would come up with somebody and you would have to explain everything all over again and you would of course forget things and as I said automatically they would throw you into the hospital because they don't quite understand. **— Client**

I: *Okay. Now, if you were the director of the program, what changes would you make for it?*

R: *Just the availability. Trying to make people not wait so long to get in to see somebody. As I said, I don't know if there's a long waiting list. I just know that for this appointment that my doctor made for me at the hospital, that was made almost six weeks ago. That's how long of a waitlist it is up here.*

But fortunately, as I say, the current people, agencies in this town are talking to one another and stay in touch and maybe that's the ticket, that one agency helps the other and refers people back and forth. You know, they seem to care and I guess that's the biggest thing of all. It's not, I don't know what's the word I was looking for... indifference.

DEMOGRAPHIC CHARACTERISTICS | *See Table 3*

In all three years, the majority of court support respondents were male. The greatest proportion of clients was under 39 years of age. The majority of respondents were never married.

Although most of the Matryoshka Project's partner agencies begin accepting clients who are 16 years old, this will not necessarily be reflected in the court support programs. Part of the reason for this is because Youth Justice programs have also been implemented in many of the courts. These programs are funded by a separate government agency and are mandated to serve minors who are 16 years of age and under. As a result, they are run separately from the adult court support programs.

FIGURE 3a. Gender Distribution of Study Clients in Court Support Programs: Waves 1, 2 & 3

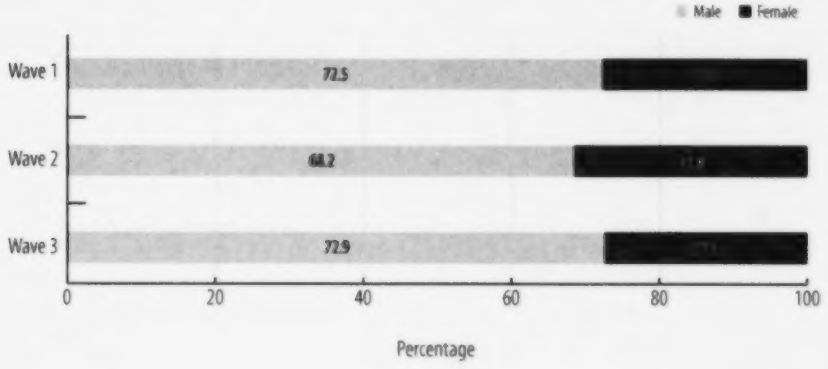
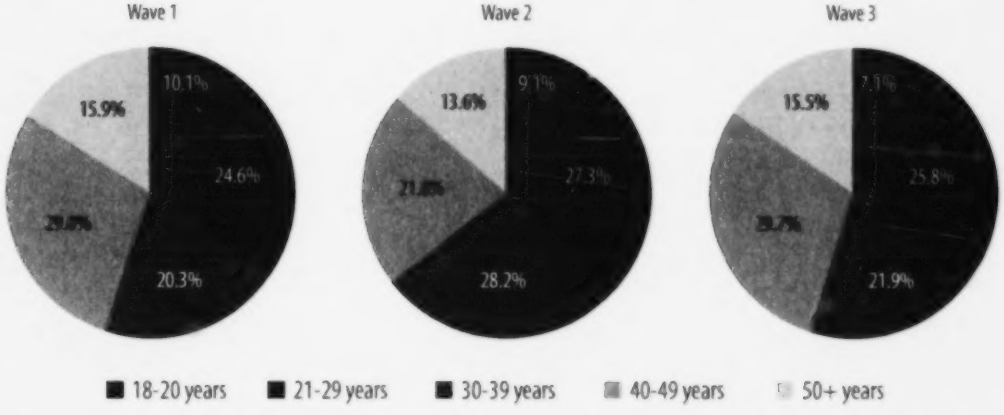


FIGURE 3b. Age Group Distribution of Study Clients in Court Support Programs: Waves 1, 2 & 3



DIVERSITY OF CLIENTS | *See Table 4*

The preferred language for the majority of clients was English. In all three years, the majority of clients were born in Canada. However, compared to Wave 1, a significantly greater percentage of clients were born in Canada in Waves 2 and 3. A significant difference was also observed between regions. In all three years, the lowest proportion of individuals born in Canada was in programs in metropolitan/urban regions. The majority of clients were White. A significant difference in the race/ethnicity of clients was found between waves and regions. The lowest proportion of Whites was in programs in metropolitan/urban regions.

It should be noted that the interviews for this study were conducted in English. As a result, clients who do not identify English as their preferred language will be underrepresented in these results.

Well back in the 80's if I had an emergency I would have to run automatically to the hospital just to see an emergency Psychiatrist and nine times out of ten they'd hospitalize me. Whereas in this case you have the same person who is ready and willing to talk with you and when you have that same person talking with you it's much easier because they know what you're talking about because of past conversations and past experiences. Where in the past it wasn't the case as you would come up with somebody and you would have to explain everything all over again and you would of course forget things and as I said automatically they would throw you into the hospital because they don't quite understand. — **Client**

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Demographic Characteristics | *See Table 3*

In all three years, the majority of court support respondents were male. The greatest proportion of clients was under 39 years of age. The majority of respondents were never married.

Although most of the Matryoshka Project's partner agencies begin accepting clients who are 16 years old, this will not necessarily be reflected in the court support programs. Part of the reason for this is because Youth Justice programs have also been implemented in many of the courts. These programs are funded by a separate government agency and are mandated to serve minors who are 16 years of age and under. As a result, they are run separately from the adult court support programs.

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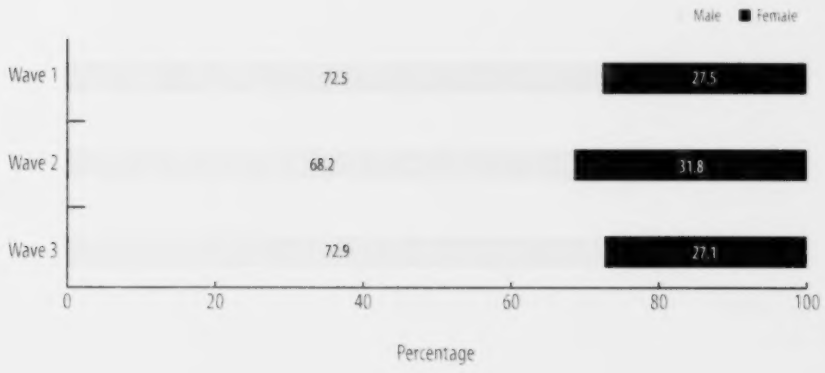
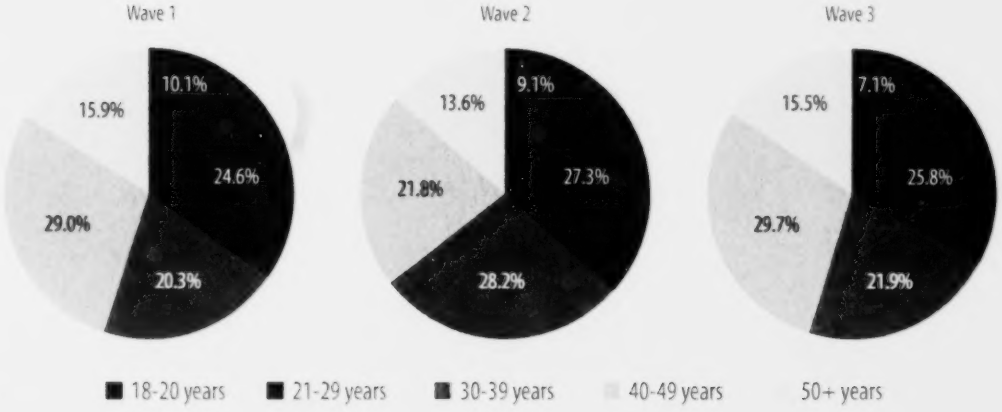


FIGURE 3b. Age Group Distribution of Study Clients in Court Support Programs: Waves 1, 2 & 3

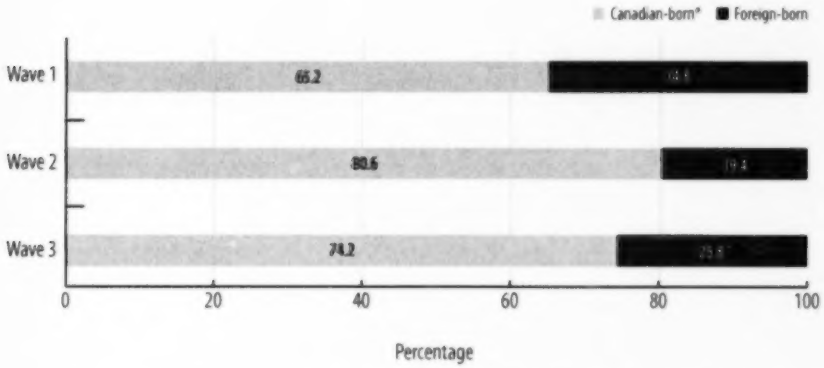


DIVERSITY OF CLIENTS | *See Table 4*

The preferred language for the majority of clients was English. In all three years, the majority of clients were born in Canada. However, compared to Wave 1, a significantly greater percentage of clients were born in Canada in Waves 2 and 3. A significant difference was also observed between regions. In all three years, the lowest proportion of individuals born in Canada was in programs in metropolitan/urban regions. The majority of clients were White. A significant difference in the race/ethnicity of clients was found between waves and regions. The lowest proportion of Whites was in programs in metropolitan/urban regions.

It should be noted that the interviews for this study were conducted in English. As a result, clients who do not identify English as their preferred language will be underrepresented in these results.

FIGURE 4. Percentage of Canadian-born Clients in Court Support Programs: Waves 1, 2 & 3



* Significant difference exists in proportions of individuals born in Canada between Wave 1 & Wave 2 ($p<0.05$)

SOCIOECONOMIC STATUS | *See Table 5*

Employment. In Waves 1 and 3, the majority of clients had at least one job in the past 12 months. This was significantly different from clients in Wave 2 as the majority of these individuals did not have at least one job in the past 12 months. In the former two Waves, more than half of clients had been employed during the past 12 months.

Usual Income Source. In all three years, the greatest proportion of clients received ODSP as their main source of income. In Wave 1, the highest percentage of clients receiving ODSP as their main source of income was found in programs in midsize regions. Programs in rural regions had the greatest proportion of individuals on ODSP in Wave 2. In Wave 2, significant differences were observed for the main source of income for clients in the various regions; in Wave 3, these differences did not persist.

Household Income. In all three years, more than a third of clients lived in households with annual incomes of less than $10,000.

Individual Income. In all three years, the majority of clients reported having annual incomes of less than $11,000. In Wave 3, clients reported an average annual income of $928.

Living Arrangements. In all three years, the majority of respondents were either living with family or independently.

Certainly it's helped me with housing, it's helped me with employment. It's helped me deal with my mental health problems, the anxiety and the depression, and it's felt like a safety net, somewhere that I know I can go if I need to talk about things that I'm having issues or difficulties with.

— Client

FIGURE 5. Employment Status of Study Clients in Court Support Programs: Waves 1, 2 & 3

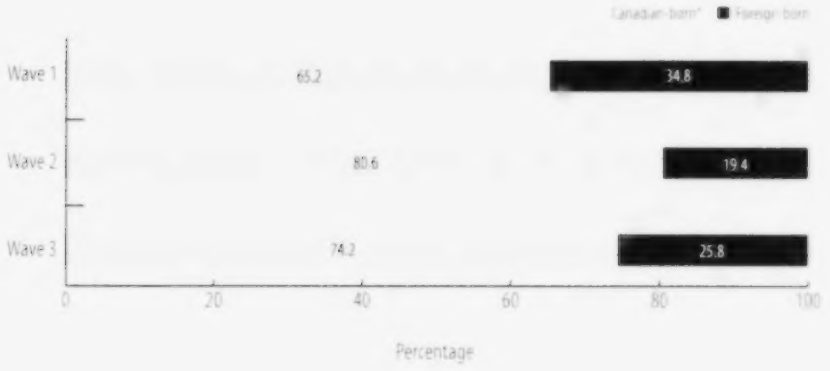
* Includes only those who had at least one job in past 12 months
Significant difference exists in proportions of clients with at least one job in the past 12 months between Wave 1 & Wave 2 ($p<0.1$) and between Wave 2 & Wave 3 ($p<0.05$)

What he was going for was not for me to go on it [ODSP] and stay on it; he wanted me to on it and start working, and if I ever lost my job I would never lose my apartment again. It was all a big jungle back then. I was in such a bad way, just because I felt like I'm going to get another job and then I'm going to lose my job and I'm going to lose my place and go back to square one and I'm just going to circle this dream for my entire life. So he said, well, let's get you on the ODSP and that will be your safety net and it will help you out with prescriptions and whatever else.

— Client

I think the sense that they've given me a pretty good outline of what ODSP would evolve in my life and why it would be advantageous to at least start the process now, although it's something I, again, was adverse to because to me I see that as sort of a big stop sign in your life. Once you end up on ODSP, what's left? You're not working and you don't have that what goes with working is that price and independence and identity. I know that it can work. There's other things that you do in your life besides work like volunteer work, and you can still work, apparently, too, when you're on ODSP, and also maybe who knows, some retraining so that I can do... I'm computer illiterate, and that's one of the biggest problems I had too in terms of finding something that's less labour intensive because most things today require you to use a computer. **— Client**

FIGURE 4. Percentage of Canadian-born Clients in Court Support Programs: Waves 1, 2 & 3



SOCIOECONOMIC STATUS | *See Table 5*

Employment.

Usual Income Source.

Household Income.

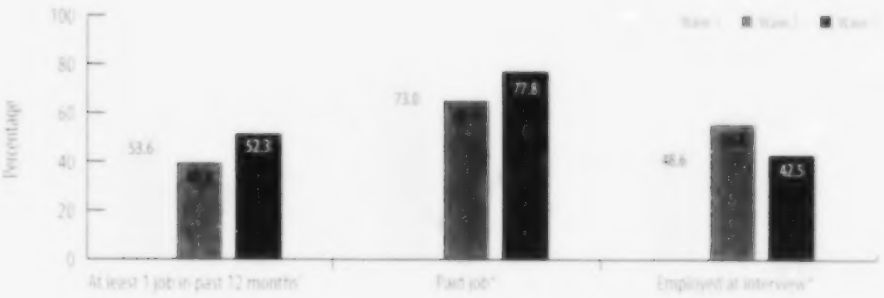
Individual Income.

Living Arrangements.

Certainly it's helped me with housing, it's helped me with employment. It's helped me deal with my mental health problems, the anxiety and the depression, and it's felt like a safety net, somewhere that I know I can go if I need to talk about things that I'm having issues or difficulties with.

— Client

FIGURE 5: Employment Status of Study Clients in Court Support Programs: Waves 1, 2 & 3



What he was going for was not for me to go on it [ODSP] and stay on it; he wanted me to on it and start working, and if I ever lost my job I would never lose my apartment again. It was all a big jungle back then. I was in such a bad way, just because I felt like I'm going to get another job and then I'm going to lose my job and I'm going to lose my place and go back to square one and I'm just going to circle this dream for my entire life. So he said, well, let's get you on the ODSP and that will be your safety net and it will help you out with prescriptions and whatever else.

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No, no like a Foodland or Loblaws gift card for food. Just because things are so expensive now and the $200 I get from social assistance isn't enough. I'm supposed to get $540 but $300 whatever goes to my rent, $339, and then I get $211 and then that's got to go the whole month on food, laundry, and whatever else I have to pitch money out for, my credit card and all that. So maybe some kind of food relief is something I would add in. The food bank doesn't do enough... And don't get me wrong, you don't just go handing people money. It would have to be kind of prearranged thing. You get a piece of paper or something in the mail and go to Foodland and get some food. Just to take some of the pressure off. Believe me, if I could find a job I would do the job. — **Client**

Recovery is finding my own place and getting a job and maintaining it responsibly.

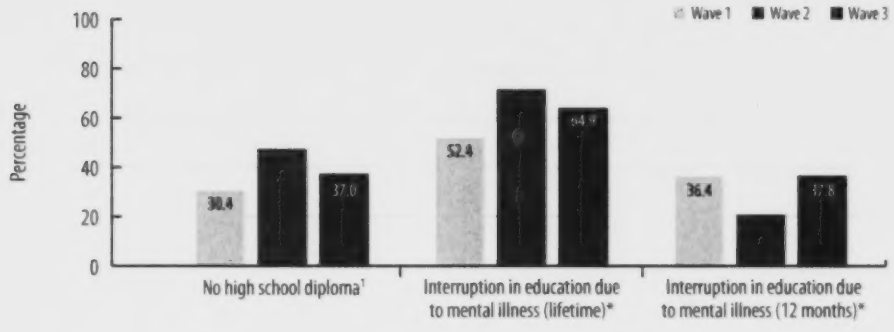
— **Client**

EDUCATION STATUS | *See Table 6*

In all three years, the majority of individuals in the court support programs did not have any post-secondary schooling. In addition, about a third indicated they did not complete high school. But, less than a third indicated they were enrolled in school in the past 12-months.

In all three years, the majority of clients indicated that their education was interrupted by mental illness. In addition, the majority of clients and their case managers did not identify a need for educational services.

FIGURE 6. Education Status of Study Clients in Court Support Programs: Waves 1, 2 & 3



* Includes only those who did not have a high school diploma
Significant difference exists in proportions of clients with no high school diploma between Wave 1 & Wave 2 ($p<0.1$).

PAST 12 MONTH POLICE CONTACT | *See Table 7*

In all three years, less than 100% of the court support clients indicated they had recent contact with the police. Part of the explanation for these results is the fact that a proportion of the clients enter through a pre-charge or at risk of legal involvement program. In addition, as mentioned earlier, it is difficult to have referrals accepted for this client population. As a result, clients are not discharged from the court support programs although court involvement has ended. Thus, they remain in the court support programs for ongoing case management until their referral will be accepted by a case management program.

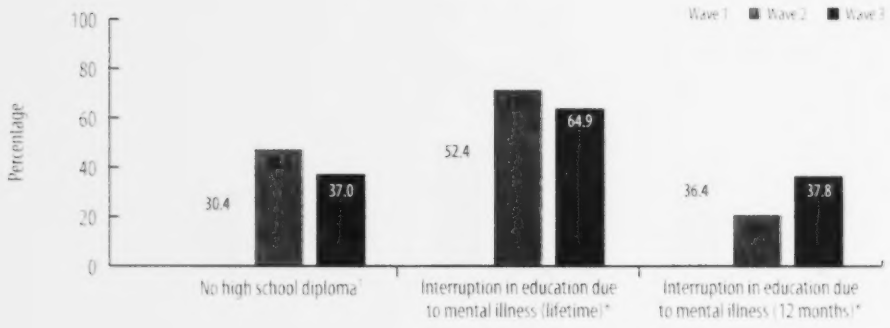
In addition, about a third of the clients indicated they had experienced victimization during their lifetimes. About a tenth had been violently assaulted at least once in their lives.

Education Status | *See Table 6*

In all three years, the majority of individuals in the court support programs did not have any post-secondary schooling. In addition, about a third indicated they did not complete high school. But, less than a third indicated they were enrolled in school in the past 12 months.

In all three years, the majority of clients indicated that their education was interrupted by mental illness. In addition, the majority of clients and their case managers did not identify a need for educational services.

FIGURE 6. Education Status of Study Clients in Court Support Programs: Waves 1, 2 & 3

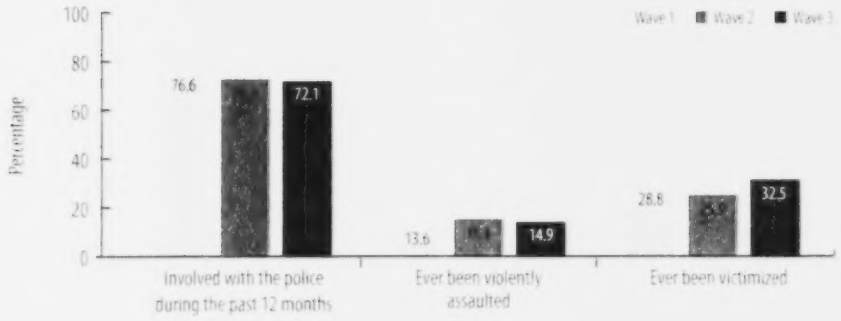


Past 12 Month Police Contact | *See Table 7*

In all three years, less than 100% of the court support clients indicated they had recent contact with the police. Part of the explanation for these results is the fact that a proportion of the clients enter through a pre-charge or at risk of legal involvement program. In addition, as mentioned earlier, it is difficult to have referrals accepted for this client population. As a result, clients are not discharged from the court support programs although court involvement has ended. Thus, they remain in the court support programs for ongoing case management until their referral will be accepted by a case management program.

In addition, about a third of the clients indicated they had experienced victimization during their lifetimes. About a tenth had been violently assaulted at least once in their lives.

FIGURE 7. Past 12-Month Police Contact of Study Clients in Court Support Programs: Waves 1, 2 & 3



Positive Psychotic Symptoms | *See Table 8*

Experience with Positive Psychotic Symptoms.

Age at First Experience with Positive Psychotic Symptoms.

Length of Time in Program.

Duration of Untreated Positive Psychotic Symptoms.

Referral Source.

When you have somebody to even talk about certain things, it can be like your thinking could be put on the good track and not to be distorted. If people are isolated, I think this is the worst thing because mental sickness and isolation leads you to paranoia to like going more in the tunnel vision. If you have more support and you can discuss certain things, you can see from another side and that's why I think it's really very important. — **Client**

FIGURE 8a. Positive Psychotic Symptoms Reported of Study Clients in Court Support Programs: Waves 1, 2 & 3

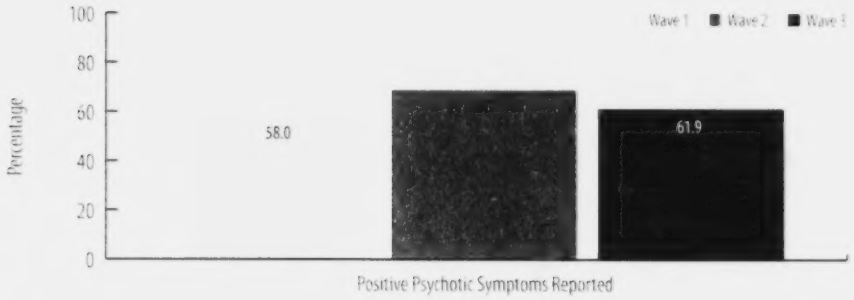
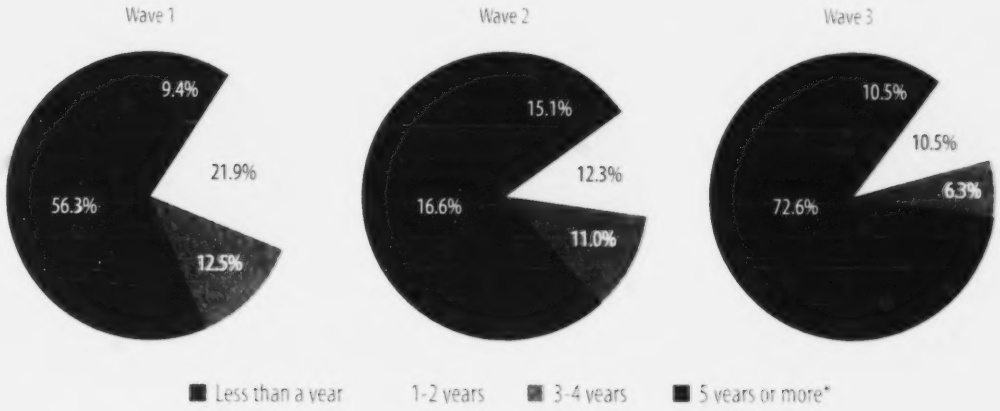


FIGURE 8b. Duration of Untreated Positive Psychotic Symptoms of Study Clients in Court Support Programs: Waves 1, 2 & 3



HEALTH STATUS INFORMATION | *See Table 9*

Diagnoses.

FIGURE 7. Past 12-Month Police Contact of Study Clients in Court Support Programs: Waves 1, 2 & 3

Positive Psychotic Symptoms | *See Table 8*

Experience with Positive Psychotic Symptoms. In all three years, the majority of clients reported experiencing psychotic symptoms.

Age at First Experience with Positive Psychotic Symptoms. Among those individuals reporting a positive psychotic symptom, the greatest proportion of respondents in all waves were between 11 to 30 years of age.

Length of Time in Program. The average time clients were enrolled in programs was highest in Wave 3.

Duration of Untreated Positive Psychotic Symptoms. In all three years, the majority of respondents had a minimum of 5 years of untreated positive psychotic symptoms. In Wave 2, there is a significant difference between regions in the proportion of those who reported untreated positive psychotic symptoms for less than 3 years.

Referral Source. In all three years, court was shown to be the primary referral source into the court support program.

When you have somebody to even talk about certain things, it can be like your thinking could be put on the good track and not to be distorted. If people are isolated, I think this is the worst thing because mental sickness and isolation leads you to paranoia to like going more in the tunnel vision. If you have more support and you can discuss certain things, you can see from another side and that's why I think it's really very important. — **Client**

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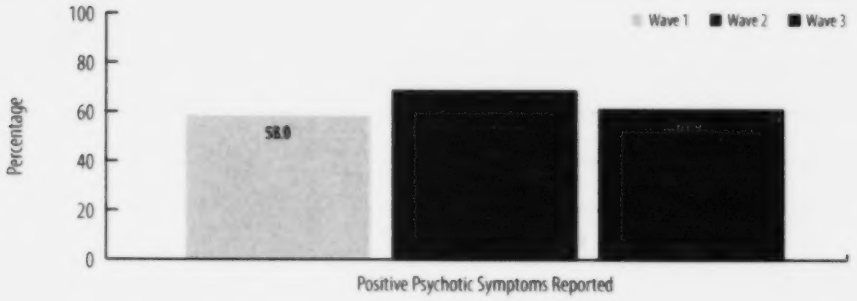
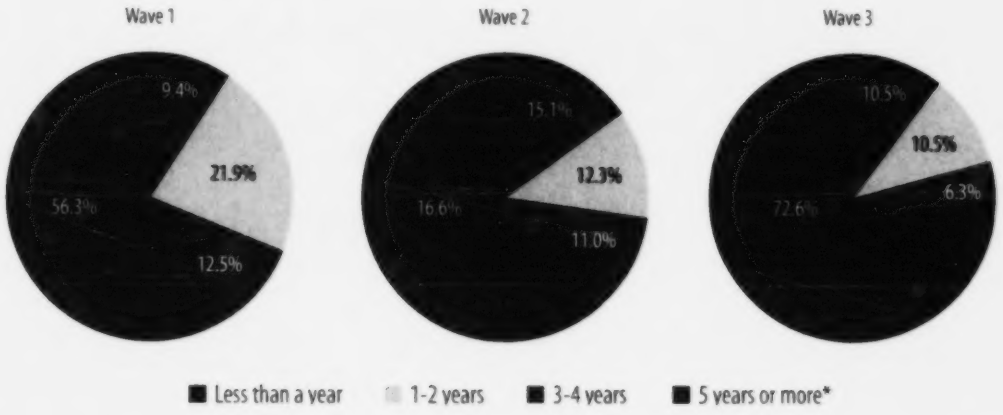


FIGURE 8b. Duration of Untreated Positive Psychotic Symptoms of Study Clients in Court Support Programs: Waves 1, 2 & 3



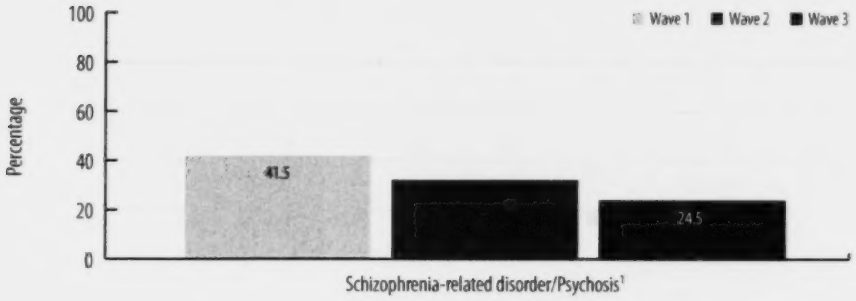
* Significant difference exists in proportions of individuals whose duration of untreated positive symptoms is 5 years or more between Wave 1 & Wave 3 ($p<0.$

HEALTH STATUS INFORMATION | *See Table 9*

Diagnoses. In all three years, the majority of clients reported either having a schizophrenia-related or a mood disorder. In Wave 3, about a quarter of clients reported having a diagnosis of bipolar disorder. Another quarter had a schizophrenia-related disorder.

In Wave 3, the highest percentage of individuals diagnosed with bipolar disorder were in programs in midsize regions, while clients of programs in metropolitan/urban regions had the largest proportion of clients diagnosed with schizophrenia-related disorders.

FIGURE 9. Health Status Information of Study Clients in Court Support Programs: Waves 1, 2 & 3



[1] Significant difference exists in proportions of clients with primary diagnosis of schizophrenia-related disorder/ psychosis between Wave 1 & Wave 3 ($p<0.01$).

Concurrent Disorders. In all three years, more than a third of clients interviewed identified a need for substance use services. However, there was a significant difference with case manager reports. Case managers consistently indicated more than half of their clients needed substance use services. Part of the divergence might be explained by differences in definitions of "need" for substance use services.

Comorbid Mental Disorders. In all three years, more than a third of clients had a comorbid mental disorder.

A major problem with me is oral health, a major problem, and it's one that is very difficult to deal with. There's just nothing available. I know how people... I used to have a good job in Toronto and made a lot of money. I had a great benefit but now I see... I have a problem that I can't get dealt with because I can't afford to deal with it. I have three teeth that two of them I extracted myself because I couldn't afford to get them out, and I've left some root in there and I have a gum infection, and I can't afford to treat at a dentist... It's a big appearance problem for me because if I didn't have this problem, I'd probably be trying to get a line of work in customer service or sales or something that would be less visible, but I just have no confidence with three front teeth missing, and with the infection that I have in my gums that keeps recurring, it's a bigger problem when you have a heart problem. **— Client**

HOSPITAL AND EMERGENCY DEPARTMENT USE | *See Table 10*

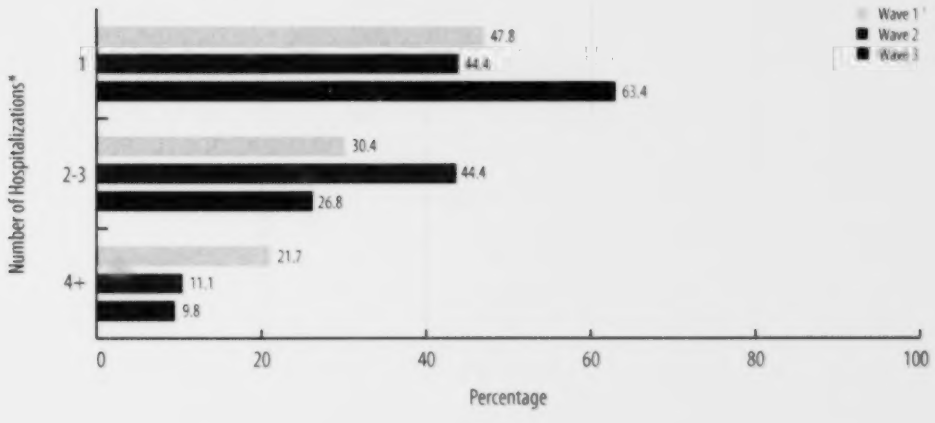
Hospital Services. Rates of lifetime hospitalization were similar in all three years. However, a significant difference was observed between regions in Wave 3. Clients in programs in rural regions were less likely to have been hospitalized in their lifetime.

Compared to Wave 1, a lower proportion of individuals were hospitalized in the past 12 months in Wave 3. Part of this decrease could be associated with the fact that clients are enrolled for a longer time in programs. In turn, the decrease indicates the effectiveness of the court support programs in reducing use of hospital and emergency services.

FIGURE 10a. Hospitalization in Past 12 Months of Study Clients in Court Support Programs: Waves 1, 2 & 3

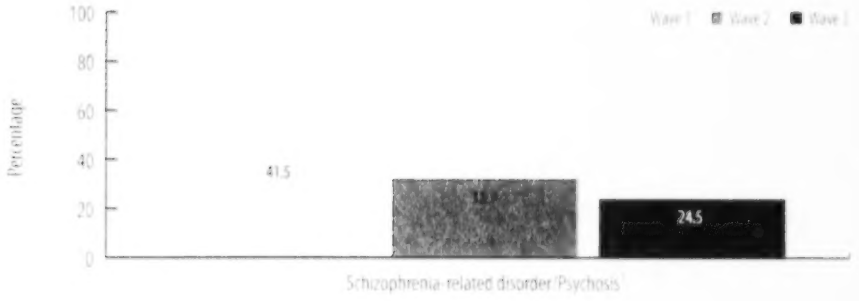
* Significant difference exists in proportions of clients hospitalized in the past 12 months between Wave 1 & Wave 3 (p<0.05)

FIGURE 10b. Number of Hospitalizations in Past 12 Months of Study Court Support Programs: Waves 1, 2 & 3



* Includes only those who were hospitalized in the past 12 months

FIGURE 9. Health Status Information of Study Clients in Court Support Programs: Waves 1, 2 & 3



Concurrent Disorders.

Comorbid Mental Disorders.

A major problem with me is oral health, a major problem, and it's one that is very difficult to deal with. There's just nothing available. I know how people... I used to have a good job in Toronto and made a lot of money. I had a great benefit but now I see... I have a problem that I can't get dealt with because I can't afford to deal with it. I have three teeth that two of them I extracted myself because I couldn't afford to get them out, and I've left some root in there and I have a gum infection, and I can't afford to treat at a dentist... It's a big appearance problem for me because if I didn't have this problem, I'd probably be trying to get a line of work in customer service or sales or something that would be less visible, but I just have no confidence with three front teeth missing, and with the infection that I have in my gums that keeps recurring, it's a bigger problem when you have a heart problem. — Client

Hospital and Emergency Department Use | *See Table 10*

Hospital Services.

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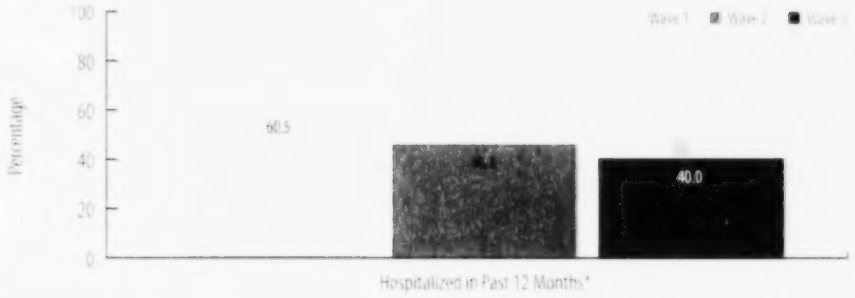
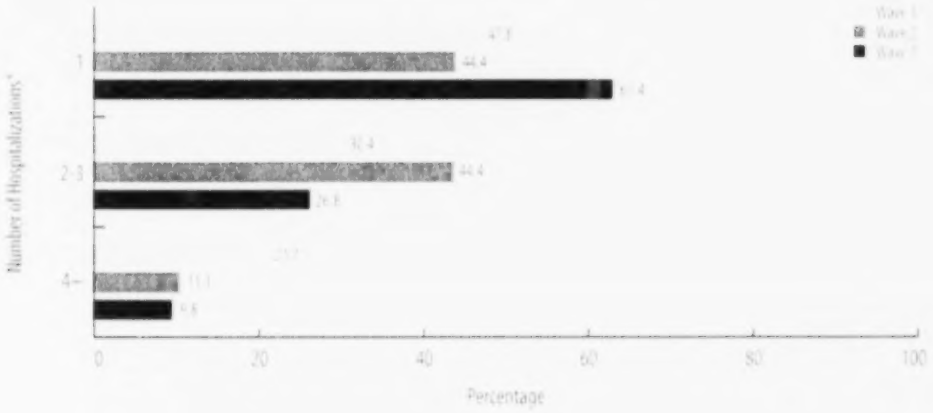


FIGURE 10b. Number of Hospitalizations in Past 12 Months of Study Court Support Programs: Waves 1, 2 & 3



Emergency Department Services.

FIGURE 10c. Emergency Department Visits in Past 12 Months of Study Clients in Court Support Programs: Waves 1, 2 & 3

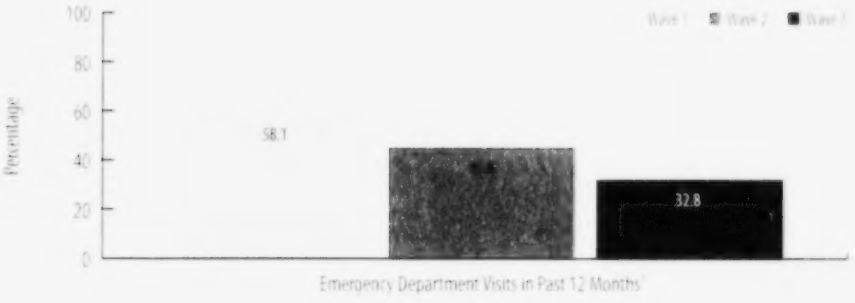
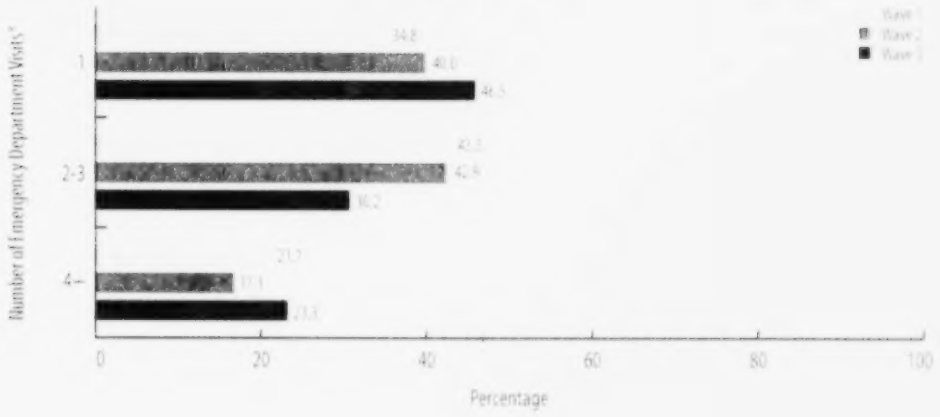
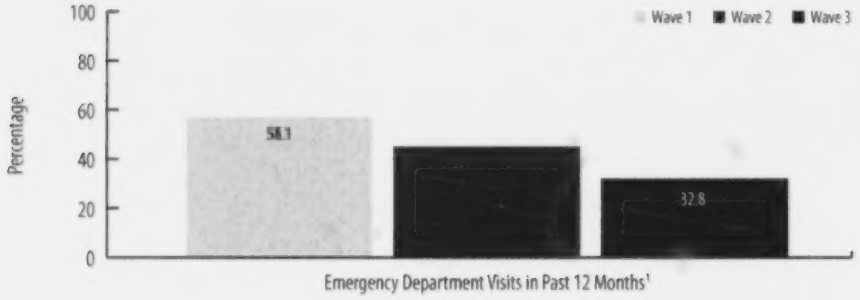


FIGURE 10d. Number of Emergency Department Visits in Past 12 Months of Study Court Support Programs: Waves 1, 2 & 3



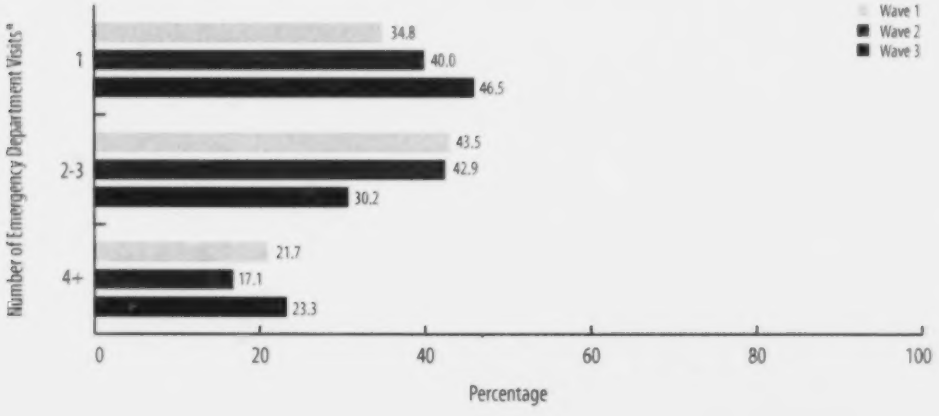
Emergency Department Services. Over the three years, there has been a steady decrease in the proportion of clients who had an emergency department visit in the past 12 months. Of these clients, more than two-thirds of clients had more than two emergency department visits.

FIGURE 10c. Emergency Department Visits in Past 12 Months of Study Clients in Court Support Programs: Waves 1, 2 & 3



[1] Significant difference exists in proportions of clients with emergency department visits in past 12 months between Wave 1 & Wave 2 ($p<0.01$) and between Wave 2 & Wave 3 ($p<0.1$).

FIGURE 10d. Number of Emergency Department Visits in Past 12 Months of Study Court Support Programs: Waves 1, 2 & 3



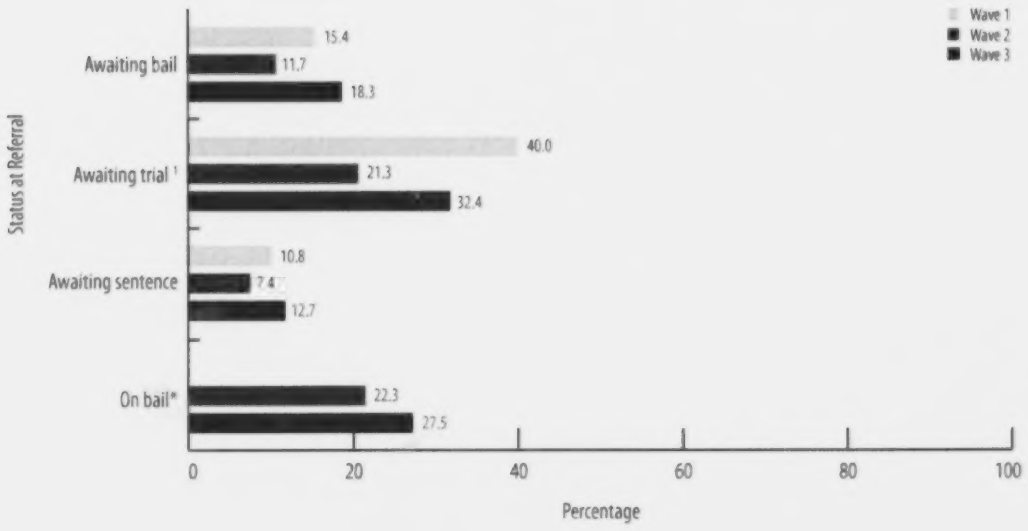
* Includes only those who visited the emergency department in the past 12 months.

REFERRAL STATUS AND CHARGES | *See Table 11*

In Wave 3, about a third of clients were on bail and another third were awaiting trial. Significant regional differences were observed in Waves 2 and 3 with regard to the proportion of individuals awaiting fitness, on bail, within the community on own recognizance, awaiting bail, awaiting trial, on remand, or having unknown legal status at referral. These results highlight that one of commonalities among programs is that everyone is doing more than diversion services. Court support services are as important as diversion services. In the case of court support clients, although they have not been diverted out of the court system, they have been diverted to mental health services. The patterns also reflect the regional differences emerging from the fact that the local crowns set the diversion framework.

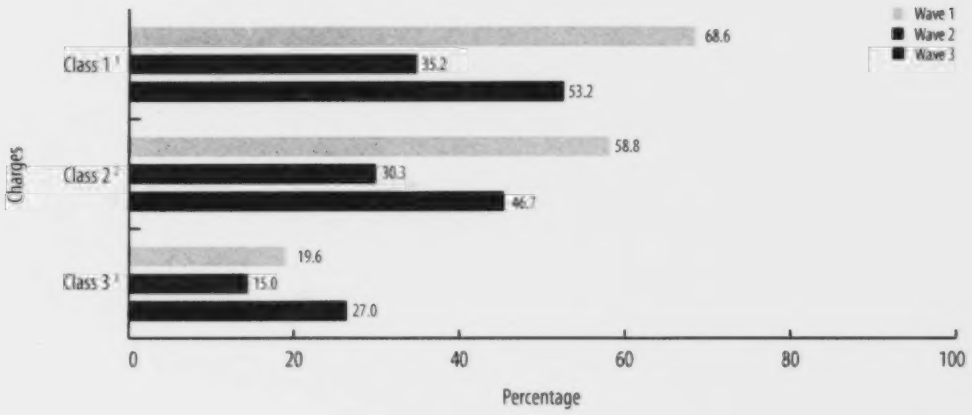
It should be noted that clients in the court support programs can have more than one type of charge. In Wave 3, more than two-thirds of clients had either Class 2 and/or Class 3 charges.

FIGURE 11a. Status at Referral for Study Clients in Court Support Programs: Waves 1, 2 & 3



† Significant difference exists in proportions of clients awaiting trial between Wave 1 & Wave 2 ($p<0.01$) and between Wave 2 & Wave 3 ($p<0.01$).
* Wave 1 data for on bail is not available.

FIGURE 11b. Charges at Referral for Study Clients in Court Support Programs: Waves 1, 2 & 3



Significant difference exists in proportions of prevalence of class 1 charges between Wave 1 & Wave 2 ($p<0.01$), between Wave 1 & Wave 3 ($p<0.05$) and between Wave 2 & Wave 3 ($p<0.01$).
Significant difference exists in proportions of prevalence of class 2 charges between Wave 1 & Wave 2 ($p<0.01$) and between Wave 2 & Wave 3 ($p<0.01$).
Significant difference exists in proportions of prevalence of class 3 charges between Wave 2 & Wave 3 ($p<0.05$).

Well I mean I really believe that I'll never be back in the court system. And I really believe that wholeheartedly because I've had the assistance to steer me in a proper way. And without that, it would have been a much more devastating course for me than I was on. And I'm not making it sound like it was an easy course, just because I had this. It was traumatic and extremely difficult, but when you know that you've got someone cheering you on, it makes it that much better for you. So I always knew that I had her, always had her with me in thought if she wasn't there in her physical sense. **— Client**

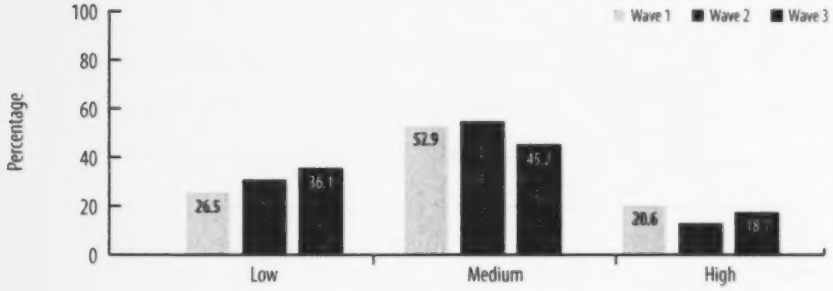
With hope there's a light at the end of the tunnel and I think one is less likely to do things that would be detrimental to themselves like break that law. It certainly wasn't my character or my pattern in life, and something I have a lot of difficulty what still, the fact that I did it.

— Client

FUNCTIONING LEVEL | *See Table 12*

In all three years, about one third of clients were low functioning. It should also be noted that this result may be related to who was able to be interviewed. To the extent that clients who would have been rated as low functioning were unable to be interviewed, these figures would be an underestimate.

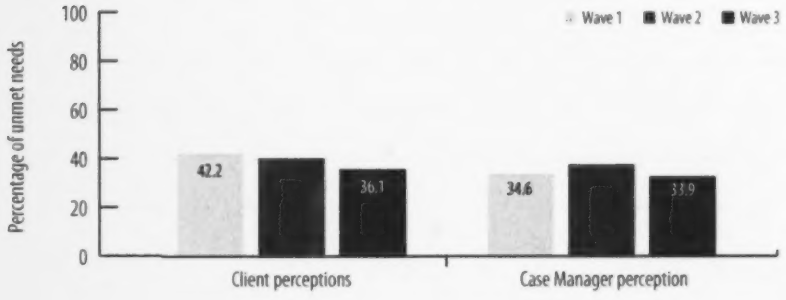
FIGURE 12. Functioning Level of Study Clients in Court Support Programs: Waves 1, 2 & 3



NEEDS ASSESSMENT | *See Table 13*

In all three years, there were no significant differences between the client and case manager perceptions of needs in either waves. In addition, about a third of client needs consistently were assessed as unmet.

FIGURE 13. Needs Assessment by Client and Case Managers in Study Clients in Court Support Programs: Waves 1, 2 & 3

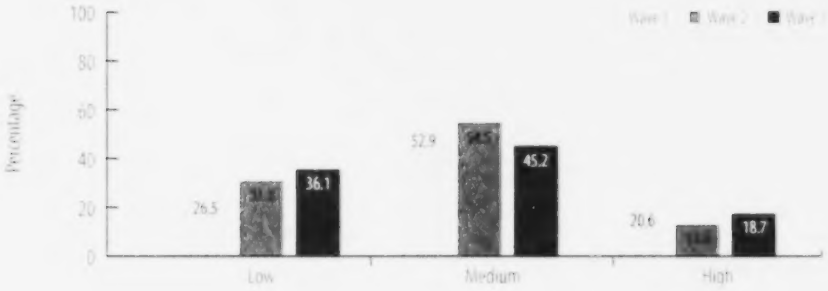


CLIENT SATISFACTION | *See Table 14*

In contrast to Wave 1, in Wave 3 a larger proportion of clients indicated they felt the services they received were excellent. However, there is an opportunity for improvement with the majority of respondents rating their satisfaction as being 4 out of 5.

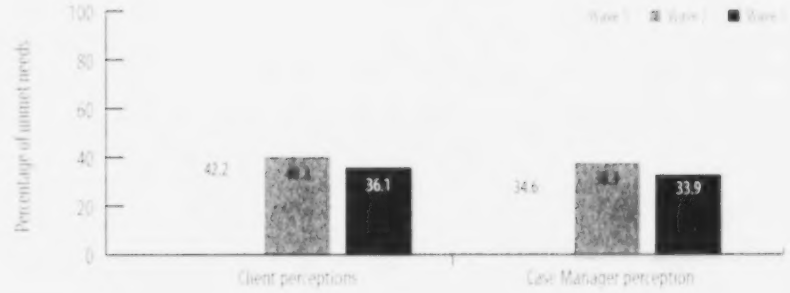
FUNCTIONING LEVEL | *See Table 12*

FIGURE 12. Functioning Level of Study Clients in Court Support Programs: Waves 1, 2 & 3



NEEDS ASSESSMENT | *See Table 13*

FIGURE 13. Needs Assessment by Client and Case Managers in Study Clients in Court Support Programs: Waves 1, 2 & 3



CLIENT SATISFACTION | *See Table 14*

FIGURE 14. Satisfaction with Services of Study Clients in Court Support Programs: Waves 1, 2 & 3

For starters I would extend it so that there's more of them in the rural areas and probably branch some off of the medical system as well. — **Client**

One thing I didn't mention this kind of program and the support you get helps with, it really helps with your self-esteem. My self-esteem was a big issue. I had a lot of self-loathing going on, and I didn't think much of myself. I had terrific employment in Toronto, and to the outside world my world looked perfect, but it was in shambles. When people realized that, most people couldn't relate to it and they can understand what it was about. You get the encouragement to put it in the past and not live it. I think that was the biggest thing I had to overcome, and it went on for years, the self-loathing and the poor self-esteem. — **Client**

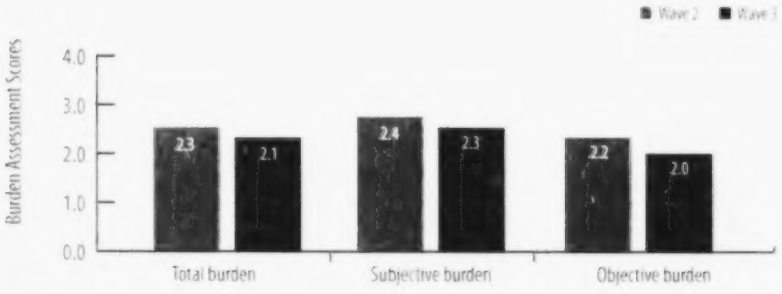
...the government needs to gives us more workers in that area. You can't keep adding programming and expecting the same caseworkers with this big case load, to keep expanding their case load. I think the other people need to be encouraged to train in these types of areas. — **Family Member**

CAREGIVER BURDEN | *See Table 15*

In Waves 2 and 3, family members were asked about their caregiving experiences. Families reported that they experienced minimal burden with regard to their ill relative.

In future reports we will examine whether there is a difference in caregiving experiences based on the socio-economic status of families, the relationship of the caregiver to the client and contact with the client.

FIGURE 15. Caregiver Burden of Study Clients' Family Members in Court Support Programs: Waves 2 & 3



I felt finally we found someone who can take [client] in hand and work with him. The trouble is, his family were too emotionally involved and we tend to be defensive of our own positions whereas, and even [case manager] said this: he has no personal axe to grind with [client], so he can be supportive and listen and direct him without his own personal emotions getting involved so that made me feel a lot better. Because, as a family we're supportive but [client] is very challenging and sometimes you just get mad at him and you say, why are doing this to me? [Case manager] is in a position not to be like that because he's not, his own feelings aren't getting hurt. Whereas, as his grandmother I think why do you do this? Don't you love me? And it really has nothing to do with that. But it's hard to detach yourself. — **Family Member**

FIGURE 14. Satisfaction with Services of Study Clients in Court Support Programs: Waves 1, 2 & 3

[1] Significant difference exists in client satisfaction between Wave 1 & Wave 3 ($p<0.05$).

For starters I would extend it so that there's more of them in the rural areas and probably branch some off of the medical system as well. — **Client**

One thing I didn't mention this kind of program and the support you get helps with, it really helps with your self-esteem. My self-esteem was a big issue. I had a lot of self-loathing going on, and I didn't think much of myself. I had terrific employment in Toronto, and to the outside world my world looked perfect, but it was in shambles. When people realized that, most people couldn't relate to it and they can understand what it was about. You get the encouragement to put it in the past and not live it. I think that was the biggest thing I had to overcome, and it went on for years, the self-loathing and the poor self-esteem. — **Client**

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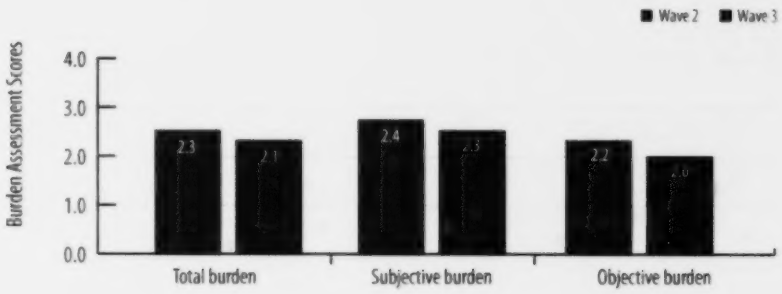

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APPENDIX A

Detailed Tables

TABLE 1. Total Clients Enrolled in Study Court Support Programs: October 2005, October 2006 & October 2007

	October 2005	October 2006	October 2007
Total	**350**	**685**	**842**
Windsor	15	108	163
Peterborough	37	114	132
Thunder Bay	40	57	45
Toronto	128	141	160
York / Newmarket	94	177	246
Hamilton	36	71	80
Muskoka Parry Sound	0	17	16

TABLE 2. Continuity of Care Information Study Clients in Court Support Programs: Waves 1, 2 & 3

	Wave 1		Wave 2								Wave 3							
	Total (n=69*)		Total (n=110*)		Rural Regions (n=33*)		Midsize Regions (n=56*)		Metropolitan/Urban Regions (n=21*)		Total (n=155*)		Rural Regions (n=40*)		Midsize Regions (n=73*)		Metropolitan/Urban (n=42*)	
	mean	**SD**	**mean**	**SD**	**mean**	**SD**	**mean**	**SD**	**mean**	**SD**	**mean**	**SD**	**mean**	**SD**	**mean**	**SD**	**mean**	**SD**
Timeliness of Service																		
% of service referred with wait period < 1 month	83.8%[c,x]	35.5	64.7%	38.2	60.8%[p]	39.8	60.4%[m]	39.7	83.3%	25.2	68.5%	38.7	83.1%[r]	27.4	51.5	43.3%[n]	77.7%	33.0
Comprehensiveness of Service																		
% of needed services received	80.9%[x]	26.5	75.6%[d]	30.9	79.8%	24.5	72.2%	35.0	74.5%	33.9	68.0%	31.1	74.5%[k]	29.9	61.6	30.0%[m]	72.6%	33.0
Intensity of Service																		
% of match between intensity of current use with estimated need	70.5%[x]	31.0	67.2%[e]	32.5	69.2%	28.5	64.5%	36.2	68.8%	33.3	55.6%	34.7	61.2%[k]	34.6	46.3%	32.5%[n]	66.9%	35.1
% of underused	27.1[w]	29.5	30.2[d]	32.3	27.8	29.2	31.7	35.2	31.4	33.3	37.7	33.5	35.3	34.1	43.0	32.3[m]	30.6	34.4
% of overused	2.4[w]	14.2	2.7[e]	12.9	2.9	10.1	3.8	17.8	0.0	0.0	6.6	17.7	3.6	9.8	10.7	22.6[n]	2.5	11.9
% that has at least 30-day gap	23.5%	n=12	21.4%	n=22	27.3%[h]	n=9	26.5%	n=13	0.0%	n=0	18.4%	n=28	17.9%[i]	n=7	29.6%	n=21	0.0%	n=0
Coordination of Service Provision																		
% of referrals accepted to referrals sent	97.1%	9.0	89.5%	25.6	85.2%[q]	30.4	88.8%[m]	25.8	100.0%	0.0	93.4%	19.0	94.8%	16.5	88.7%[r]	24.7	99.2%	4.4
Accessibility																		
% of services needed within 1 hour of traveling time	68.3%[s]	37.4	71.8%[f]	32.7	83.7%[i]	22.9	64.5%	34.4	70.6%	38.4	88.6%	23.5	90.8%	23.8	89.4%	21.7	85.0%	26.2

Source of Information: Case Manager.

* Numbers may not total due to missing data. Percentages were calculated without missing data.

Significant difference between Wave 1 and Wave 2: [a] p<0.1, [b] p<0.05, [c] p<0.01

Significant difference between Wave 2 and Wave 3: [d] p<0.1, [e] p<0.05, [f] p<0.01

Significant difference between Wave 1 and Wave 3: [g] p<0.1, [h] p<0.05, [i] p<0.01

Significant difference between Regions: [a] p<0.1, [b] p<0.05, [c] p<0.01

Significant difference between Rural and Midsize Regions: [j] p<0.1, [k] p<0.05, [l] p<0.01

Significant difference between Midsize and Metropolitan/Urban Regions: [m] p<0.1, [n] p<0.05, [o] p<0.01

Significant difference between Rural and Metropolitan/Urban Regions: [p] p<0.1, [q] p<0.05, [r] p<0.01

TABLE 3. Demographic Characteristics of Study Clients in Court Support Programs: Waves 1, 2 & 3

	Wave 1		Wave 2								Wave 3							
	Total (n=69*)		Total (n=110*)		Rural Regions (n=33*)		Midsize Regions (n=56*)		Metropolitan/Urban Regions (n=21*)		Total (n=155*)		Rural Regions (n=40*)		Midsize Regions (n=73*)		Metropolitan/Urban (n=42*)	
	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n
Gender																		
Female	27.5%	19	31.8%	35	24.2%	8	39.3%	22	23.8%	5	27.1%	42	30.0%[b]	12	34.2%	25	11.9%	5
Male	72.5	50	68.2	75	75.8	25	60.7	34	76.2	16	72.9	113	70.0	28	65.8	48	88.1	37
Age																		
18-20 years	10.1%	7	9.1%	10	3.0%	1	12.5%	7	9.5%	2	7.1%	11	10.0%	4	8.2%	6	2.4%	1
21-29 years	24.6	17	27.3	30	30.3	10	23.2	13	33.3	7	25.8	40	27.5	11	24.7	18	26.2	11
30-39 years	20.3	14	28.2	31	27.3	9	28.6	16	28.6	6	21.9	34	17.5	7	23.3	17	23.8	10
40-49 years	29.0	20	21.8	24	27.3	9	19.6	11	19.0	4	29.7	46	25.0	10	30.1	22	33.3	14
50+ years	15.9	11	13.6	15	12.1	4	16.1	9	9.5	2	15.5	24	20.0	8	13.7	10	14.3	6
Marital Status																		
Single/Never Married	60.9%	42	61.8%	68	54.5%	18	60.7%	34	76.2%	16	58.1%	90	67.5%[b]	27	47.9%	35	66.7%	28
Married/Cohabiting	14.5	10	9.1	10	12.1	4	7.1	4	9.5	2	16.1	25	12.5	5	15.1	11	21.4	9
Divorced/Widowed/Separated	24.6	17	29.1	32	33.3	11	32.1	18	14.3	3	25.8	40	20.0	8	37.0	27	11.9	5

Source of Information: Client.

* Numbers may not total due to missing data. Percentages were calculated without missing data.

Significant difference between Wave 1 and Wave 2: [1] p≤0.1; [2] p≤0.05; [3] p≤0.01

Significant difference between Wave 2 and Wave 3: [a] p≤0.1; [b] p≤0.05; [c] p≤0.01

Significant difference between Wave 1 and Wave 3: [x] p≤0.1; [y] p≤0.05; [z] p≤0.01

Significant difference between Regions: [1] p≤0.1; [2] p≤0.05; [3] p≤0.01

Significant difference between Rural and Midsize Regions: [1] p≤0.1; [2] p≤0.05; [3] p≤0.01

Significant difference between Midsize and Metropolitan/Urban Regions: [a] p≤0.1; [b] p≤0.05; [c] p≤0.01

Significant difference between Rural and Metropolitan/Urban Regions: [x] p≤0.1; [y] p≤0.05; [z] p≤0.01

TABLE 4. Diversity of Study Clients in Court Support Programs: Waves 1, 2 & 3

	Wave 1		Wave 2								Wave 3							
	Total (n=69*)		Total (n=110*)		Rural Regions (n=33*)		Midsize Regions (n=56*)		Metropolitan/Urban Regions (n=21*)		Total (n=155*)		Rural Regions (n=40*)		Midsize Regions (n=73*)		Metropolitan/Urban (n=42*)	
	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n
Preferred Language																		
English	91.3%	63	96.3%	105	97.0%	32	98.2%	54	90.5%	19	95.5%	148	97.5%	39	97.3%	71	90.5%	38
French	1.4	1	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Other	7.2	5	3.7	4	3.0	1	1.8	1	9.5	2	4.5	7	2.5	1	2.7	2	9.5	4
Ethnicity/Race																		
Aboriginal	3.0%[b]	2	7.5%	8	20.0%[c]	6	3.6%	2	0.0%	0	5.8%	9	15.0%[c]	6	2.8%	2	2.4%	1
Asian	10.4	7	2.8	3	0.0	0	0.0	0	14.3	3	10.4	16	0.0	0	2.8	2	33.3	14
Black	11.9	8	4.7	5	0.0	0	1.8	1	19.0	4	8.4	13	2.5	1	5.6	4	19.0	8
Interracial	10.4	7	8.5	9	6.7	2	7.3	4	14.3	3	8.4	13	5.0	2	12.5	9	4.8	2
White	62.7	42	69.8	74	73.3	22	80.0	44	38.1	8	62.3	96	77.5	31	70.8	51	33.3	14
Other	1.5	1	6.6	7	0.0	0	7.3	4	14.3	3	4.5	7	0.0	0	5.6	4	7.1	3
Born in Canada																		
Yes	65.2%[b]	45	80.6%	87	100.0%[c]	32	81.8%	45	47.6%	10	74.2%	115	95.0%[c]	38	82.2%	60	40.5%	17
No:	34.8	24	19.4	21	0.0	0	18.2	10	52.4	11	25.8	40	5.0	2	17.8	13	59.5	25
Came to Canada 5 years ago or less[†]	16.7	4	0.0	0	0.0	0	0.0	0	0.0	0	5.1	2	0.0	0	0.0	0	8.3	2
Came to Canada more than 5 years ago[†]	83.3	20	100.0	21	0.0	0	100.0	10	100.0	11	94.9	37	100.0	2	100.0	13	91.7	22

Source of Information: Client.

* Numbers may not total due to missing data. Percentages were calculated without missing data.

† Includes only those who were not born in Canada.

Significant difference between Wave 1 and Wave 2: [a] p≤0.1; [b] p≤0.05; [c] p≤0.01.

Significant difference between Wave 2 and Wave 3: [a] p≤0.1; [b] p≤0.05; [c] p≤0.01.

Significant difference between Wave 1 and Wave 3: [a] p≤0.1; [b] p≤0.05; [c] p≤0.01.

Significant difference between Regions: [a] p≤0.1; [b] p≤0.05; [c] p≤0.01.

Significant difference between Rural and Midsize Regions: [a] p≤0.1; [b] p≤0.05; [c] p≤0.01.

Significant difference between Midsize and Metropolitan/Urban Regions: [a] p≤0.1; [b] p≤0.05; [c] p≤0.01.

Significant difference between Rural and Metropolitan/Urban Regions: [a] p≤0.1; [b] p≤0.05; [c] p≤0.01.

TABLE 5. Socioeconomic Status of Study Clients in Court Support Programs: Waves 1, 2 & 3

	Wave 1		Wave 2								Wave 3							
	Total (n=69*)		Total (n=110*)		Rural Regions (n=33*)		Midsize Regions (n=56*)		Metropolitan/Urban Regions (n=21*)		Total (n=155*)		Rural Regions (n=40*)		Midsize Regions (n=73*)		Metropolitan/Urban (n=42*)	
	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n
At lease one job in past 12 months	53.6%[a]	37	40.0%[a]	44	51.5%	17	33.9%	19	38.1%	8	52.3%	81	62.5%	25	47.9%	35	50.0%	21
Percent with paid jobs in past 12 months[1]	73.0%	27	65.9%	29	47.1%	8	78.9%	15	75.0%	6	77.8%	63	84.0%	21	74.3%	26	76.2%	16
Number of jobs in past 12 months[1] (SD)	2.0	(2.1)	1.6	(1.2)	1.6	(1.4)	1.7	(0.9)	1.4	(1.4)	1.6	(1.2)	1.7	(1.3)	1.7	(1.2)	1.4	(1.1)
Employment Status during the past 12 months[1]																		
Full time	33.3%	11	46.9%	15	50.0%	7	58.3%	7	16.7%	1	47.2%	34	31.6%[a]	6	43.8%	14	66.7%	14
Part time	47.1%[a,c]	16	26.5	9	0.0	0	50.0	7	28.6	2	20.8	15	36.8[b]	7	21.9	7	4.8	1
Casual	27.3	9	32.4	11	35.7	5	21.4	3	50.0	3	26.4	19	26.3[b]	5	40.6	13	4.8	1
Employed at Interview[1]	48.6%	18	56.8%	25	58.8%	10	52.6%	10	62.5%	5	42.5%	434	37.5%	9	45.7%	16	42.9%	9
Usual Income Source																		
Paid work	16.7%	11	8.6%	9	6.1%[c]	2	9.8%	5	9.5%	2	15.7%	24	17.5%	7	15.5%	11	14.3%	6
ODSP	45.5	30	56.2	59	60.6	20	52.9	27	57.1	12	47.7	73	45.0	18	45.1	32	54.8	23
Disability income	4.5	3	4.8	5	9.1	3	2.0	1	4.8	1	7.8	12	12.5	5	8.5	6	2.4	1
Family contributions	7.6	5	2.9	3	0.0	0	0.0	0	14.3	3	2.6	4	0.0	0	2.8	2	4.8	2
General welfare assistance	15.2	10	18.1	19	24.2	8	17.6	9	9.5	2	19.0	29	20.0	8	21.1	15	14.3	6
Pension/Other	10.6	7	9.5	10	0.0	0	17.6	9	4.8	1	7.2	11	5.0	2	7.0	5	9.5	4
Average Household Income																		
Less than $10,000	33.9%[b]	20	48.0%	48	44.8%	13	45.1%	23	60.0%	12	44.5%	65	47.4%	18	47.1%	32	37.5%	15
$10,000 to $19,999	44.1	26	40.0	40	48.3	14	39.2	20	30.0	6	34.9	51	36.8	14	36.8	25	30.0	12
$20,000 to $39,999	8.5	5	9.0	9	6.9	2	9.8	5	10.0	2	11.0	16	10.5	4	8.8	6	15.0	6
$40,000 +	13.6	8	3.0	3	0.0	0	5.9	3	0.0	0	9.6	14	5.3	2	7.4	5	17.5	7
Average Monthly Income (SD)	$937	(1076)	$728[a]	(605)	$841	(678)	$677	(473)	$689	(786)	$928	(846)	$923[b]	(533)	$978[m]	(773)	$856	(1143)
$11,000 or less	61.2	41	67.3[a]	70	67.7	21	64.2	34	75.0	15	54.6	77	52.8	19	50.0	32	63.4	26
Over $11,000	38.8	26	32.7	34	32.3	10	35.8	19	25.0	5	45.4	64	47.2	17	50.0	32	36.6	15
Living Arrangements																		
Living with family	49.2%[a]	32	29.1%	32	24.2%	8	32.1%	18	28.6%	6	43.9%	68	35.0%	14	45.2%	33	50.0%	21
Living in own apt or sharing	36.9	24	48.2	53	60.6	20	41.1	23	47.6	10	39.4	61	45.0	18	35.6	26	40.5	17
Homeless	3.1	2	3.6	4	3.0	1	3.6	2	4.8	1	4.5	7	5.0	2	4.1	3	4.8	2
Transitional housing	10.8	7	18.2	20	12.1	4	21.4	12	19.0	4	11.0	17	12.5	5	13.7	10	4.8	2
Other housing	0.0	0	0.9	1	0.0	0	1.8	1	0.0	0	1.3	2	2.5	1	1.4	1	0.0	0

Source of Information: Client.

* Numbers may not total due to missing data. Percentages were calculated without missing data.

[1] Includes only those who had at least one job in the past 12 months.

Significant difference between Wave 1 and Wave 2: [a] $p<0.01$; [b] $p<0.05$; [c] $p<0.01$

Significant difference between Wave 2 and Wave 3: [d] $p<0.01$; [e] $p<0.05$; [f] $p<0.01$

Significant difference between Wave 1 and Wave 3: [g] $p<0.01$; [h] $p<0.05$; [i] $p<0.01$

Significant difference between Regions: [j] $p<0.05$; [k] $p<0.01$

Significant difference between Rural and Midsize Regions: [l] $p<0.05$; [m] $p<0.01$

Significant difference between Midsize and Metropolitan/Urban Regions: [n] $p<0.05$; [o] $p<0.01$

Significant difference between Rural and Metropolitan/Urban Regions: [p] $p<0.05$; [q] $p<0.01$

TABLE 6. Education Status of Study Clients in Court Support Programs: Waves 1, 2 & 3

	Wave 1		Wave 2								Wave 3							
	Total (n=69*)		Total (n=110*)		Rural Regions (n=33*)		Midsize Regions (n=56*)		Metropolitan/Urban Regions (n=21*)		Total (n=155*)		Rural Regions (n=40*)		Midsize Regions (n=73*)		Metropolitan/Urban (n=42*)	
	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n
Most Recent Educational Degree[CL]																		
No High-School Diploma	30.4%[a]	21	48.1%	51	45.5%	15	50.9%	27	45.0%	9	37.0%	57	50.0%	20	38.4%	28	22.0%	9
High School	31.9	22	25.5	27	30.3	10	15.1	8	45.0	9	35.1	54	30.0	12	35.6	26	39.0	16
College	20.3	14	10.4	11	12.1	4	11.3	6	5.0	1	9.7	15	7.5	3	5.5	4	19.5	8
University/Graduate School	10.1	7	5.7	6	9.1	3	5.7	3	0.0	0	10.4	16	7.5	3	11.0	8	12.2	5
Technical/Vocational/Professional	7.2	5	10.4	11	3.0	1	17.0	9	5.0	1	7.8	12	5.0	2	9.6	7	7.3	3
Current Student Status[1,CL]																		
Enrolled in school in the past 12 months	25.0%	5	19.6%	10	6.7%	1	22.2%	6	33.3%	3	16.1%	9	15.8%	3	17.9%	5	11.1%	1
Enrolled in school at the time of interview[2]	100.0	4	77.8	7	100.0	1	60.0	3	100.0	3	66.7	6	66.7	2	60.0	3	100.0	1
Enrolled in a learning disability program/class[3]	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	20.0	1	0.0	0	33.3	1	0.0	0
Interruption in Education due to Mental Illness[1,CL]																		
Lifetime	52.4%	11	71.4%	35	80.0%	12	64.0%	16	77.8%	7	64.9%	37	70.0%[b]	14	71.4%	20	33.3%	3
Past 12 months	36.4	4	20.6	7	18.2	2	18.8	3	28.6	2	37.8	14	42.9[b]	6	25.0	5	100.0	3
Need for Basic Education (Camberwell)[1]																		
No need (client)[CL]	70.0%	14	69.6%	32	73.3%	11	72.7%	16	55.6%	5	58.9%	33	65.0%	13	59.3%	16	44.4%	4
There is a need (client)[CL]	30.0	6	30.4	14	26.7	4	27.3	6	44.4	4	41.1	23	35.0	7	40.7	11	55.6	5
No need (case manager)[CM]	63.2	12	56.0	28	46.7	7	65.4	17	44.4	4	64.3	36	65.0	13	59.3	16	77.8	7
There is a need (case manager)[CM]	36.8	7	44.0	22	53.3	8	34.6	9	55.6	5	35.7	20	35.0	7	40.7	11	22.2	2

Source of Information: CL: Client; CM: Case Manager

* Numbers may not total due to missing data. Percentages were calculated without missing data.

[1] Includes only those who did not have a high school diploma.

[2] Includes only those who were enrolled as a student in the past 12 months.

[3] Includes only those who were enrolled as a student at the time of the interview.

[a] Significant difference between Wave 1 and Wave 2: [a] $p \leq 0.1$; [b] $p \leq 0.05$; [c] $p \leq 0.01$.

[b] Significant difference between Wave 2 and Wave 3: [a] $p \leq 0.1$; [b] $p \leq 0.05$; [c] $p \leq 0.01$.

[c] Significant difference between Wave 1 and Wave 3: [a] $p \leq 0.1$; [b] $p \leq 0.05$; [c] $p \leq 0.01$.

[d] Significant difference between Regions: [a] $p \leq 0.1$; [b] $p \leq 0.05$; [c] $p \leq 0.01$.

[e] Significant difference between Rural and Midsize Regions: [a] $p \leq 0.1$; [b] $p \leq 0.05$; [c] $p \leq 0.01$.

[f] Significant difference between Midsize and Metropolitan/Urban Regions: [a] $p \leq 0.1$; [b] $p \leq 0.05$; [c] $p \leq 0.01$.

[g] Significant difference between Rural and Metropolitan/Urban Regions: [a] $p \leq 0.1$; [b] $p \leq 0.05$; [c] $p \leq 0.01$.

TABLE 7. Past 12-MonthPolice Contact of Study Clients in Court Support Programs: Waves 1, 2 & 3

	Wave 1		Wave 2								Wave 3							
	Total (n=69*)		Total (n=110*)		Rural Regions (n=33*)		Midsize Regions (n=56*)		Metropolitan/Urban Regions (n=21*)		Total (n=155*)		Rural Regions (n=40*)		Midsize Regions (n=73*)		Metropolitan/Urban (n=42*)	
	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n
Involved with the police during the past 12 months	76.6%	49	73.1%	79	90.6%[§]	29	65.5%	36	66.7%	14	72.1%	111	82.5%	33	68.1%	49	69.0%	29
Ever been violently assaulted	13.6	9	15.6	17	18.2	6	12.5	7	20.0	4	14.9	23	23.1	9	13.7	10	9.5	4
Ever been victimized	28.8	19	25.9	28	30.3	10	25.5	14	20.0	4	32.5	50	40.0	16	26.4	19	35.7	15

Source of Information: Client.

* Numbers may not total due to missing data. Percentages were calculated without missing data.

Significant difference between Wave 1 and Wave 2: † p≤0.1, ‡ p≤0.05, § p≤0.01.

Significant difference between Wave 2 and Wave 3: † p≤0.1, ‡ p≤0.05, § p≤0.01.

Significant difference between Wave 1 and Wave 3: † p≤0.1, ‡ p≤0.05, § p≤0.01.

Significant difference between Regions: † p≤0.1, ‡ p≤0.05, § p≤0.01.

Significant difference between Rural and Midsize Regions: † p≤0.1, ‡ p≤0.05, § p≤0.01.

Significant difference between Midsize and Metropolitan/Urban Regions: † p≤0.1, ‡ p≤0.05, § p≤0.01.

Significant difference between Rural and Metropolitan/Urban Regions: † p≤0.1, ‡ p≤0.05, § p≤0.01.

TABLE 8. Positive Psychotic Symptoms of Study Clients in Court Support Programs: Waves 1, 2 & 3

	Wave 1		Wave 2								Wave 3							
	Total (n=69*)		Total (n=110*)		Rural Regions (n=33*)		Midsize Regions (n=56*)		Metropolitan/Urban Regions (n=21*)		Total (n=155*)		Rural Regions (n=40*)		Midsize Regions (n=73*)		Metropolitan/Urban (n=42*)	
	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n
Positive Psychotic Symptoms Reported[CL]	58.0%	40	69.1%	76	72.7%	24	69.6%	39	61.9%	39	61.9%	96	65.0%	26	61.6%	45	59.5%	25
Age at First Experience with Positive Psychotic Symptoms[1,CL]																		
1-15 years	26.5%	9	24.3%	18	27.3%	6	25.6%	10	15.4%	2	24.2%	23	32.0%[b]	8	31.1%	14	4.0%	1
16-20 years	20.6	7	31.1	23	31.8	7	33.3	13	23.1	3	30.5	29	24.0	6	37.8	17	24.0	6
21-30 years	29.4	10	28.4	21	22.7	5	25.6	10	46.2	6	24.2	23	16.0	4	15.8	7	48.0	12
31-40 years	17.6	6	9.4	7	18.2	4	7.7	3	0.0	0	12.6	12	16.0	4	11.1	5	12.0	3
41+ years	5.9	2	6.8	5	0.0	0	7.7	3	15.4	2	8.4	8	12.0	3	4.4	2	12.0	3
Length of Time in Program[CM]																		
Mean (in weeks) (SD)	34.8[b,w]	(28.4)	37.9	(23.1)	35.5	(24.4)	36.7	(15.2)	44.9	(35.0)	46.2	(43.6)	37.1	(24.1)	48.8	(36.7)	50.5	(64.2)
Duration of Untreated Positive Psychotic Symptoms[1,CV]																		
Less than 1 year	9.4%	3	15.1%	11	13.6%[b,t]	3	7.9%	3	38.5%	5	10.5%	10	4.0%[t]	1	4.4%	2	28.0%	7
1-2 years	21.9	7	12.3	9	0.0	0	18.4	7	15.4	2	10.5	10	4.0	1	15.6	7	8.0	2
3-4 years	12.5	4	11.0	8	9.1	2	15.8	6	0.0	0	6.3	6	8.0	2	2.2	1	12.0	3
5 years or more	56.3[w,t]	18	61.6	45	77.3	17	57.9	22	46.2	6	72.6	69	84.0%[b,t]	21	77.8	35	52.0	13
Referral Source[CM]																		
Hospital	4.6%	3	3.7%	4	3.0%	1	5.5%	3	0.0%	0	4.5%	7	7.5%[b]	3	4.2%	3	2.4%	1
General practitioner	1.5	1	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Psychiatrist	1.5	1	0.9	1	3.0	1	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Emergency room	0.0	0	0.9	1	3.0	1	0.0	0	0.0	0	0.6	1	2.5	1	0.0	0	0.0	0
Teacher/School	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Family	1.5	1	1.8	2	3.0	1	1.8	1	0.0	0	2.6	4	2.5	1	0.0	0	7.1	3
Self	6.2	4	15.6	17	9.1	3	23.6	13	4.8	1	11.7	18	10.0	4	19.4	14	0.0	0
Court	67.7	44	64.2	70	66.7	22	52.7	29	90.5	19	55.2	85	50.0	20	54.2	39	61.9	26
Community Mental Health Program	10.8	7	11.9	13	12.1	4	14.5	8	4.8	1	18.8	29	20.0	8	13.9	10	26.2	11
Other	6.2	4	0.9	1	0.0	0	1.8	1	0.0	0	6.5	10	7.5	3	8.3	6	2.4	1

Source of Information: CL: Client; CM: Case Manager; CV: Indicator created using data collected from client and case manager.
* Numbers may not total due to missing data. Percentages were calculated without missing data.
[1] Includes only those who reported positive psychotic symptoms.
[a] Significance applies only to specific value.
Significant difference between Wave 1 and Wave 2: [t] p≤0.1; [*] p≤0.05; [**] p≤0.01
Significant difference between Wave 2 and Wave 3: [t] p≤0.1; [*] p≤0.05; [**] p≤0.01
Significant difference between Wave 1 and Wave 3: [t] p≤0.1; [*] p≤0.05; [**] p≤0.01
Significant difference between Regions: [a] p≤0.1; [b] p≤0.05; [c] p≤0.01
Significant difference between Rural and Midsize Regions: [w] p≤0.1; [x] p≤0.05; [y] p≤0.01
Significant difference between Midsize and Metropolitan/Urban Regions: [z] p≤0.1; [aa] p≤0.05; [bb] p≤0.01
Significant difference between Rural and Metropolitan/Urban Regions: [cc] p≤0.1; [dd] p≤0.05; [ee] p≤0.01

TABLE 9. Health Status Information of Study Clients in Court Support Programs: Waves 1, 2 & 3

	Wave 1		Wave 2								Wave 3							
	Total (n=69*)		Total (n=110*)		Rural Regions (n=33*)		Midsize Regions (n=56*)		Metropolitan/Urban Regions (n=21*)		Total (n=155*)		Rural Regions (n=40*)		Midsize Regions (n=73*)		Metropolitan/Urban (n=42*)	
	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n
Primary Diagnosis[CH]																		
Mood Disorder	49.2%	32	42.2%	46	27.3%[a]	9	54.5%	30	33.3%	7	44.5%	69	32.5%[c]	13	60.3%	44	28.6%	12
Depression	-	-	18.3	20	18.2	6	18.2	10	19.0	4	20.0	31	20.0	8	23.3	17	14.3	6
Bipolar	-	-	23.9	26	9.1[c]	3	36.4	20	14.3	3	24.5	38	12.5[c]	5	37.0	27	14.3	6
Anxiety Disorder	3.1	2	6.4	7	3.0	1	10.9	6	0.0	0	8.4	13	7.5	3	9.6	7	7.1	3
Schizophrenia-related disorder/ Psychosis	41.5[c]	27	32.1	35	27.3[c]	9	21.8	12	66.7	14	24.5	38	15.0[c]	6	9.6	7	59.5	25
Personality disorder	3.1	2	3.7	4	6.1	2	3.6	2	0.0	0	7.7	12	5.0[a]	2	13.7	10	0.0	0
Substance-related disorder	1.5	1	4.6	5	12.1[b]	4	1.8	1	0.0	0	2.6	4	2.5	1	4.1	3	0.0	0
Related to a physical condition	6.2[b,c]	4	0.0	0	0.0	0	0.0	0	0.0	0	0.6	1	2.5	1	0.0	0	0.0	0
Post traumatic stress disorder	0.0	0	0.0[c]	0	0.0	0	0.0	0	0.0	0	3.9	6	12.5[c]	5	1.4	1	0.0	0
Attention deficit hyperactivity disorder	1.5	1	1.8	2	6.1[b]	2	0.0	0	0.0	0	1.9	3	7.5[c]	3	0.0	0	0.0	0
Other	1.5[a]	1	9.2	10	18.2[a]	6	7.3	4	0.0	0	5.8	9	15.0[c]	6	1.4	1	4.8	2
% with Co-Occuring Substance Use (based on case manager perception of need for substance use service)																		
Alcohol or drug problem (client)[CL]	36.9%[c]	24	48.1%[a]	50	48.4%	15	50.9%	27	40.0%	8	35.6%[a]	53	44.7%[a]	17	40.0%	28	19.5%	8
Alcohol or drug problem (case manager)[CM]	59.0	36	56.9	58	75.0[a]	24	53.1	26	38.1	8	56.7	85	64.1	25	55.7	39	51.2	21
% with Co-Morbidity[CH]	38.5%	25	45.0%	49	48.5%	16	47.3%	26	33.3%	7	43.2%	67	47.5%	19	45.2%	33	35.7%	15
Physical Activity Levels[CL]																		
Highly Active	-	-	-	-	-	-	-	-	-	-	27.5%	42	25.1%[c]	9	20.5%	15	43.9%	18
Average	-	-	-	-	-	-	-	-	-	-	22.9	35	23.1	9	30.1	22	9.8	4
Inactive	-	-	-	-	-	-	-	-	-	-	49.7	76	53.8	21	49.3	36	46.3	19

Source of Information: CL: Client; CM: Case Manager; CH: Chart

* Numbers may not total due to missing data. Percentages were calculated without missing data.

Significant difference between Wave 1 and Wave 2: [a] p≤0.1, [b] p≤0.05, [c] p≤0.01

Significant difference between Wave 2 and Wave 3: [a] p≤0.1, [b] p≤0.05, [c] p≤0.01

Significant difference between Wave 1 and Wave 3: [a] p≤0.1, [b] p≤0.05, [c] p≤0.01

Significant difference between Regions: [a] p≤0.1, [b] p≤0.05, [c] p≤0.01

Significant difference between Rural and Midsize Regions: [a] p≤0.1, [b] p≤0.05, [c] p≤0.01

Significant difference between Midsize and Metropolitan/Urban Regions: [a] p≤0.1, [b] p≤0.05, [c] p≤0.01

Significant difference between Rural and Metropolitan/Urban Regions: [a] p≤0.1, [b] p≤0.05, [c] p≤0.01

Significant difference between Client and Case Manager: [a] p≤0.1, [b] p≤0.05, [c] p≤0.01

TABLE 10. Hospital and Emergency Department Use by Study Clients in Court Support Programs: Waves 1, 2 & 3

	Wave 1		Wave 2								Wave 3							
	Total (n=69*)		Total (n=110*)		Rural Regions (n=33*)		Midsize Regions (n=56*)		Metropolitan/Urban Regions (n=21*)		Total (n=155*)		Rural Regions (n=40*)		Midsize Regions (n=73*)		Metropolitan/Urban (n=42*)	
	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n
Past Hospitalization (lifetime)	71.9%	41	72.9%	70	63.3%[g]	19	71.1%	32	90.5%	19	66.7%	96	47.2%[h]	17	71.2%	47	76.2%	32
Hospitalized in past 12 months[1]	60.5%[e]	23	46.0%	29	47.4%	9	40.7%	11	52.9%	9	40.0%	36	50.0%	8	40.5%	17	34.4%	11
Number of Hospitalizations in past 12 months[2]																		
1	47.8%	11	44.4%	12	33.3%	3	66.7%	6	33.3%	3	63.4%	26	81.8%	9	52.9%	9	61.5%	8
2-3	30.4	7	44.4	12	55.6	5	22.2	2	55.6	5	26.8	11	18.2	2	29.4	5	30.8	4
4+	21.7	5	11.1	3	11.1	1	11.1	1	11.1	1	9.8	4	0.0	0	17.6	3	7.7	1
Number of days in Hospital in past 12 months[2]																		
7 days or less	47.6%	10	34.6%	9	25.0%	2	55.6%	5	22.2%	2	43.6%	17	81.8%[g]	9	35.3%	6	18.2%	2
8-14 days	19.0	4	11.5	3	25.0	2	0.0	0	11.1	1	25.6	10	9.1	1	35.3	6	27.3	3
15-29 days	14.3	3	23.1	6	25.0	2	11.1	1	33.3	3	10.3	4	0.0	0	11.8	2	18.2	2
30 days or more	19.0	4	30.8	8	25.0	2	33.3	3	33.3	3	20.5	8	9.1	1	17.6	3	36.4	4
Any Emergency Department visits in past 12 months	58.1%[e]	25	45.8%[f]	38	50.0%	15	48.6%	18	31.3%	5	32.8%	45	41.2%	14	36.1%	22	21.4%	9
Number of Emergency Department visits in past 12 months[3]																		
1	34.8%	8	40.0%	14	60.0%[g]	9	20.0%	3	40.0%	2	46.5%	20	61.5%	8	33.3%	7	55.6%	5
2-3	43.5	10	42.9	15	40.0	6	46.7	7	40.0	2	30.2	13	23.1	3	33.3	7	33.3	3
4+	21.7	5	17.1	6	0.0	0	33.3	5	20.0	1	23.3	10	15.4	2	33.3	7	11.1	1

Source of Information: Chart.

* Numbers may not total due to missing data. Percentages were calculated without missing data.

[1] Includes only those who had at least one hospitalization in their lifetime.

[2] Includes only those who were hospitalized in the past 12 months.

[3] Includes only those who had any emergency department visits in the past 12 months.

Significant difference between Wave 1 and Wave 2: [a] p≤0.1; [b] p≤0.05; [c] p≤0.01.

Significant difference between Wave 2 and Wave 3: [d] p≤0.1; [e] p≤0.05; [f] p≤0.01.

Significant difference between Wave 1 and Wave 3: [g] p≤0.1; [h] p≤0.05; [i] p≤0.01.

Significant difference between Regions: [j] p≤0.1; [k] p≤0.05; [l] p≤0.01.

Significant difference between Rural and Midsize Regions: [m] p≤0.1; [n] p≤0.05; [o] p≤0.01.

Significant difference between Midsize and Metropolitan/Urban Regions: [p] p≤0.1; [q] p≤0.05; [r] p≤0.01.

Significant difference between Rural and Metropolitan/Urban Regions: [s] p≤0.1; [t] p≤0.05; [u] p≤0.01.

TABLE 11. Referral Status and Charges of Study Clients in Court Support Programs: Waves 1, 2 & 3

	Wave 1		Wave 2								Wave 3							
	Total (n=69*)		Total (n=110*)		Rural Regions (n=33*)		Midsize Regions (n=56*)		Metropolitan/Urban Regions (n=21*)		Total (n=155*)		Rural Regions (n=40*)		Midsize Regions (n=73*)		Metropolitan/Urban (n=42*)	
	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n
Status at Referral																		
No charges (pre-charge)	-	-	-	-	-	-	-	-	-	-	3.5%	5	7.5%	3	3.3%	2	0.0%	0
Awaiting fitness/unfit	-	-	4.3%	4	0.0%[b]	0	2.4%	1	14.3%	3	2.8	4	0.0	0	1.6	1	7.3	3
On bail	-	-	22.3[f]	21	9.7[f]	3	14.3	6	57.1	12	27.5	39	12.5[f]	5	27.9	17	41.5	17
In community in on own recognizance	-	-	27.7	26	45.2[f]	14	28.6	12	0.0	0	14.1	20	15.0	6	16.4	10	9.8	4
On probation	-	-	-	-	-	-	-	-	-	-	17.6	25	22.5	9	16.4	10	14.6	6
Awaiting bail	15.4	10	11.7	11	3.2[b]	1	9.5	4	28.6	6	18.3	26	12.5	5	18.0	11	24.4	10
Awaiting trial	40.0[f]	26	21.3[d]	20	6.5[f]	2	11.9	5	61.9	13	32.4	46	17.5[f]	7	26.2	16	56.1	23
Awaiting sentence	10.8	7	7.4	7	6.5	2	11.9	5	0.0	0	12.7	18	32.5[f]	13	6.6	4	2.4	1
On remand	-	-	17.0[f]	16	38.7[f]	12	9.5	4	0.0	0	2.8	4	5.0	2	3.3	2	0.0	0
Sentenced, on probation	-	-	-	-	-	-	-	-	-	-	7.7	11	5.0	2	13.1	8	2.4	1
Sentenced, diverted and receiving services	-	-	-	-	-	-	-	-	-	-	7.7	11	10.0	4	9.8	6	2.4	1
Unknown (Other)	33.8[f,h]	22	13.8[e]	3	6.5[f]	2	26.2	11	0.0	0	4.9	7	5.0	2	6.6	4	2.4	1
Prevalence of Class 1 Charges	68.6%[f,h]	35	35.2%[f]	38	40.6%[b]	13	41.8%	23	9.5%	2	53.2%	82	55.0%	22	54.2%	39	50.0%	21
Prevalence of Class 2 Charges	58.8%[f]	30	30.3%[f]	33	51.5%[f]	17	23.6%	13	14.3%	3	46.7%	71	52.6%[f]	20	31.9%	23	66.7%	28
Prevalence of Class 3 Charges	19.6%	10	15.0%[e]	16	12.9%	4	16.4%	9	14.3%	3	27.0%	41	31.6%	12	22.2%	16	31.0%	13
Information About Charges Missing	21.5%[f,*]	14	41.3%[f]	45	15.2%[f]	5	43.6%	24	76.2%	16	7.2%	11	0.0%[f]	0	14.1%	10	2.4%	1

Source of Information: Chart.

* Numbers may not total due to missing data. Percentages were calculated without missing data.

Significant difference between Wave 1 and Wave 2: [a] p≤0.1, [b] p≤0.05, [c] p≤0.01

Significant difference between Wave 2 and Wave 3: [d] p≤0.1, [e] p≤0.05, [f] p≤0.01

Significant difference between Wave 1 and Wave 3: [g] p≤0.1, [h] p≤0.05, [i] p≤0.01

Significant difference between Regions: [j] p≤0.1, [k] p≤0.05, [l] p≤0.01

Significant difference between Rural and Midsize Regions: [m] p≤0.1, [n] p≤0.05, [o] p≤0.01

Significant difference between Midsize and Metropolitan/Urban Regions: [p] p≤0.1, [q] p≤0.05, [r] p≤0.01

Significant difference between Rural and Metropolitan/Urban Regions: [s] p≤0.1, [t] p≤0.05, [u] p≤0.01

TABLE 12. Functioning Level of Study Clients in Court Support Programs: Waves 1, 2 & 3

Multnomah Community Ability Scale (MCAS)	Wave 1		Wave 2								Wave 3							
	Total (n=69*)		Total (n=110*)		Rural Regions (n=33*)		Midsize Regions (n=56*)		Metropolitan/Urban Regions (n=21*)		Total (n=155*)		Rural Regions (n=40*)		Midsize Regions (n=73*)		Metropolitan/Urban (n=42*)	
	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n
Functioning Level																		
Low	26.5%	18	31.8%	35	36.4%	12	30.4%	17	28.6%	6	36.1%	56	45.0%[b]	18	39.7%	29	21.4	9
Medium	52.9	36	54.5	60	45.5	15	58.9	33	57.1	12	45.2	70	37.5	15	49.3	36	45.2	19
High	20.6	14	13.6	15	18.2	6	10.7	6	14.3	3	18.7	29	17.5	7	11.0	8	33.3	14

Source of Information: Client.

* Numbers may not total due to missing data. Percentages were calculated without missing data.

Significant difference between Wave 1 and Wave 2: [a] p≤0.1, [b] p≤0.05, [c] p≤0.01

Significant difference between Wave 2 and Wave 3: [d] p≤0.1, [e] p≤0.05, [f] p≤0.01

Significant difference between Wave 1 and Wave 3: [g] p≤0.1, [h] p≤0.05, [i] p≤0.01

Significant difference between Regions: [j] p≤0.1, [k] p≤0.05, [l] p≤0.01

Significant difference between Rural and Midsize Regions: [m] p≤0.1, [n] p≤0.05, [o] p≤0.01

Significant difference between Midsize and Metropolitan/Urban Regions: [p] p≤0.1, [q] p≤0.05, [r] p≤0.01

Significant difference between Rural and Metropolitan/Urban Regions: [s] p≤0.1, [t] p≤0.05, [u] p≤0.01

TABLE 13. Needs Assessment by Study Clients and Case Managers in Court Support Programs: Waves 1, 2 & 3

	Wave 1		Wave 2								Wave 3							
	Total (n=69*)		Total (n=110*)		Rural Regions (n=33*)		Midsize Regions (n=56*)		Metropolitan/Urban Regions (n=21*)		Total (n=155*)		Rural Regions (n=40*)		Midsize Regions (n=73*)		Metropolitan/Urban (n=42*)	
	mean	SD	mean	SD	mean	SD	mean	SD	mean	SD	mean	SD	mean	SD	mean	SD	mean	SD
Client Perceptions[CL]																		
Number of total needs	9	5.7	10	4.6	11	4.4	9	4.6	11	5.0	8	4.7	9	4.9	8	4.6	7	4.7
Number of met needs	5	5.0	6	4.3	6	4.2	6	4.0	8	5.0	5	3.9	5	3.1	5	4.0	5	4.6
Number of unmet needs	4	3.8	4	3.3	5	3.9	4	2.9	3	2.8	3	3.1	4	3.5	3	2.7	2	3.1
% of unmet needs	42.2%	36.7	40.2%	30.0	48.1%[#]	32.1	38.6%	28.1	32.1%	29.8	36.1%	31.0	37.5%	26.9	37.2%	31.1	32.7%	34.8
Case Manager Perceptions[CM]																		
Number of total needs	11	6.1	9	5.4	12	6.3	8	4.3	8	5.6	9	4.5	10	5.4	8	4.0	8	4.0
Number of met needs	7	5.7	6	3.8	6	4.4	5	2.9	6	4.8	5	3.8	6	4.1	5	3.4	6	4.0
Number of unmet needs	4	3.4	4	3.5	5	3.8	3	3.0	2	3.1	3	3.3	5	4.1	3	2.4	2	3.6
% of unmet needs	34.6%	29.5	38.3%	26.2	44.5%[#]	25.4	40.1%[^]	23.1	22.0%	30.6	33.9%	29.1	39.8%[#]	29.3	35.1%[^]	26.9	26.5%	31.7

Source of Information: CL: Client; CM: Case Manager.

* Numbers may not total due to missing data. Percentages were calculated without missing data.

Includes only those who were not born in Canada.

Significant difference between Wave 1 and Wave 2: # p≤0.1, ^ p≤0.05, ~ p≤0.01.

Significant difference between Wave 2 and Wave 3: # p≤0.1, ^ p≤0.05, ~ p≤0.01.

Significant difference between Wave 1 and Wave 3: # p≤0.1, ^ p≤0.05, ~ p≤0.01.

Significant difference between Regions: # p≤0.1, ^ p≤0.05, ~ p≤0.01.

Significant difference between Rural and Midsize Regions: # p≤0.1, ^ p≤0.05, ~ p≤0.01.

Significant difference between Midsize and Metropolitan/Urban Regions: # p≤0.1, ^ p≤0.05, ~ p≤0.01.

Significant difference between Rural and Metropolitan/Urban Regions: # p≤0.1, ^ p≤0.05, ~ p≤0.01.

Significant difference between client and case manager: # p≤0.1, ^ p≤0.05, ~ p≤0.01.

TABLE 14. Satifaction Scale Mean Scores of Study Clients in Court Support Programs: Waves 1, 2 & 3

Satisfaction Scale Mean Scores (Items 1-22)	Wave 1		Wave 2								Wave 3							
	Total (n=69*)		Total (n=110*)		Rural Regions (n=33*)		Midsize Regions (n=56*)		Metropolitan/Urban Regions (n=21*)		Total (n=155*)		Rural Regions (n=40*)		Midsize Regions (n=73*)		Metropolitan/Urban (n=42*)	
	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n
Poor	0.0%*	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
2	14.9	10	12.0	13	3.1	1	16.1	9	15.0	3	14.3	22	17.9	7	13.7	10	11.9	5
3	71.6	48	64.8	70	62.5	20	66.1	37	65.0	13	55.8	86	51.3	20	57.5	42	57.1	24
Excellent	13.4	9	23.1	25	34.4	11	17.9	10	20.0	4	29.9	46	30.8	12	28.8	21	31.0	13

Source of Information: Client.
* Numbers may not total due to missing data. Percentages were calculated without missing data.
Includes only those who were not born in Canada.
Significant difference between Wave 1 and Wave 2: * p≤0.1; ** p≤0.05; *** p≤0.01
Significant difference between Wave 2 and Wave 3: * p≤0.1; ** p≤0.05; *** p≤0.01
Significant difference between Wave 1 and Wave 3: * p≤0.1; ** p≤0.05; *** p≤0.01
Significant difference between Regions: * p≤0.1; ** p≤0.05; *** p≤0.01
Significant difference between Rural and Midsize Regions: * p≤0.1; ** p≤0.05; *** p≤0.01
Significant difference between Midsize and Metropolitan/Urban Regions: * p≤0.1; ** p≤0.05; *** p≤0.01
Significant difference between Rural and Metropolitan/Urban Regions: * p≤0.1; ** p≤0.05; *** p≤0.01

TABLE 15. Caregiver Burden of Study Clients' Family Members in Court Support Programs: Waves 2 & 3

Family Burden Assessment Scale	Wave 2		Wave 3							
	Total (n=56*)		Total (n=65*)		Rural Regions (n=14*)		Midsize Regions (n=29*)		Metropolitan / Urban Regions (n=22*)	
	mean	SD	mean	SD	mean	SD	mean	SD	mean	SD
Total burden scores	2.3	0.6	2.1	0.7	2.1	0.6	2.2	0.7	2.1	0.8
Subjective burden scores	2.4	0.6	2.3	0.8	2.4	0.8	2.4	0.8	2.2	0.8
Objective burden scores	2.2	0.8	2.0	0.7	1.9	0.7	1.9	0.7	2.1	0.9

Source of Information: Family Burden Assessment Scale
* Total number of family member respondents.
Significant difference between Wave 1 and Wave 2: * p≤0.1; ** p≤0.05; *** p≤0.01
Significant difference between Wave 2 and Wave 3: * p≤0.1; ** p≤0.05; *** p≤0.01
Significant difference between Wave 1 and Wave 3: * p≤0.1; ** p≤0.05; *** p≤0.01
Significant difference between Regions: * p≤0.1; ** p≤0.05; *** p≤0.01
Significant difference between Rural and Midsize Regions: * p≤0.1; ** p≤0.05; *** p≤0.01
Significant difference between Midsize and Metropolitan/Urban Regions: * p≤0.1; ** p≤0.05; *** p≤0.01
Significant difference between Rural and Metropolitan/Urban Regions: * p≤0.1; ** p≤0.05; *** p≤0.01

APPENDIX B

Program Descriptions

TABLE A. Court Support Program descriptions

Characteristics	Programs						
	Thunder Bay	Hamilton	Peterborough	Parry Sound	Windsor	York	Toronto
YR Program began:	2005	1998	2005	2005	1996	1997	1996/1997-98
Staff Members	[illegible]	• 4 Long-term case managers [illegible] • 3-5 Short-term release from custode case managers [illegible] • 1 Director	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Client demographics							
Average age (years)	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
% Male	[illegible]		[illegible]			[illegible]	[illegible]
Clients' special characteristics	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Intake criteria	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

TABLE A. Court Support Program descriptions

Characteristics	Programs						
	Thunder Bay	Hamilton	Peterborough	Parry Sound	Windsor	York	Toronto
Enrolment time limit (years)							
Average length of enrolment in program for clients (years)							
Funding for Psychiatrist?							
If Yes, position filled?							
Formal links with other programs that help provide services							

TABLE A. Court Support Program descriptions

Characteristics	Programs						
	Thunder Bay	Hamilton	Peterborough	Parry Sound	Windsor	York	Toronto
YR Program began:	2005	1998	2005	2005	1996	1997	1996/1997-98
Staff Members	• 3.5 • 1 Court Outreach (meets at bail court) • 1 CM • 1 Youth Worker (works with 16-18 yrs.) • 1 Housing Person (works with homeless)	• **4 Long-term case managers** – 1 Social worker – 1 Addictions/ concurrent worker BA – 2 BA • **2.5 Short-term release from custody case managers** – 1 Case Manager/ co-ordinator BA – 1 Case manager social worker – 0.5 Case manager BA • **1 Director**	• 4.5 • 2.5 Case Managers • 2 Court Support • 1 – Masters in Psychology	• 3 • 0.4 FTE Diversion and Court Support Worker (Muskoka) • 0.25 FTE in East Parry Sound • 0.25 FTE in West Parry Sound	Court Support • 3.0 Court Support workers • 0.5 FTE Justice Program Leader Justice Case Management • 2 Justice Case Manager	• 4 CM • 3 Court diversion workers • 1 Youth worker who divides time between CD and CS	• Scarborough: 4 FTE • 2 Court support workers • 2 Case managers • Etobicoke: 5 FTE • 3 coor • 2 Case Managers
Client demographics							
Average age (years)	16-17 – 35% 18-24 – 26% 25-34 – 36% 45-64 – 23% 55-64 – 2%	30	Varies – 40	30	25-44	41	Late 30s
% Male	88%	75%	65%	50%	81%	60%	86%
Clients' special characteristics	• Substance use abuse/ co-occurring Disorders • Mood disorders • Poverty (many have no income or Ontario Works) • High Aboriginal percentage relative to city population	• From criminal justice system • Deal with primarily substance abuse, poverty, concurrent disorders	• 80% dealing with addictions • 30% acquired brain injury, dually diagnosed • 80% homeless (issues related to homelessness & poverty) • Serious mental illness • No medical support • Lack of psychiatrists • Part of criminal justice system	• Serious mental illness and/or developmental disabilities • In conflict with the justice system • Homeless or at risk of becoming homeless • No supports (informal or formal) • No transportation • No doctor • No employment or possibilities	Court Support • Mood disorder • Concurrent disorder • No employment Justice Case Management • Mood disorder • Concurrent disorder • No employment Lack of stable housing	• Concurrent issues • Homeless • Financial difficulty • Involved in Legal System	• Broad range of diagnostics • Homelessness • Lack of income/access to psychiatric help • Substance abuse
Intake criteria	• Mental health problem • Conflict with law	• 18 years of age or older • Serious mental illness • Charges before the criminal justice system	• Age: 18 or older • Exhibiting/diagnosed with a mental health concern and involved with the criminal justice system • Serious mental illness • Dual diagnosis • Concurrent disorder	• Age: 16 or older • Resident of Muskoka or Parry Sound or has been charged with a minor offence (class 1 or 2) in these Districts and is being tried in a court of these Districts • Has a serious mental illness and/ or developmental disability	• Residing in Windsor and Essex county • Over 16 years of age • Involved, or at risk of involvement with the criminal justice system	• Age: 16 or older • Axis I diagnosis • Involvement in criminal justice system • Assumptions that illness affected problem • At least considered for Court Diversion (Cat. 1 or II) • Willing to look at treatment • Voluntary to work with the program	• Individual has charges in their respective court • Has a mental illness, or there is some reason to believe there is a mental illness

TABLE A. Court Support Program descriptions

Characteristics	Programs						
	Thunder Bay	Hamilton	Peterborough	Parry Sound	Windsor	York	Toronto
Enrolment time limit (years)	No	No	No [However long the court lasts and then transferred to CM for about 12 months]	Until court proceedings are over	Court Support: • No Justice Case Management: • Yes • Case management does not have a time limit but safe beds are generally up to 2 weeks	• No time limit for court diversion • Case management is brief, until the client has finished the program in either diversion or support	No
Average length of enrolment in program for clients (years)	1-1.5 yrs	• Mental health diversion: 6 months • Release from custody: 3-4 months	6- 9 months	• Varies with each individual case • Depends on whether other long-term services are required once court proceedings have ended	1 year	• Diversion: 1 year-16 months • CM: no limit	• Court Support: from a few days to 3-4 months • CM: 1 year or more
Funding for Psychiatrist?	Yes	No	Yes	No	No	No	Yes
If Yes, position filled?	Yes		No, we can't use the money for neuropsycho-assessment				• One in Scarborough • One in Etobicoke
Formal links with other programs that help provide services	• John Howard Society • Thunder Bay District Jail	• Mental Health Diversion – formal memorandum of agreement with the Ministry of the Attorney General	• Local form 1 hospital • Local addictions services • Local soup kitchens • Local homeless shelters • Housing assist programs • Police, probation/parole services • Local jail • Crown Attorney • John Howard Society	• Simcoe County Human Services & Justice Coordination Committee • Northern Shores HSJCC • Northern Court Workers	• Bail Supervision Program through the John Howard Society • Probation and Parole • ACTT • Other CMHA programs • Community Health Care Centre • Local substance abuse programs • HDGH Outpatient clinic • HDGH Community Crisis Centre • Ontario Legal Aid Plan • Mental Health Connections	• MOU with 2 agencies • Formal – ASYR Addiction services York Region • Informal-Probation and Parole	• Mental Health and Justice Network-includes prevention programs, safe beds, mental health and justice housing and case management services, release planning services from detention centres/probation offices • Law and Mental Health Program at CAMH: Court-based psychiatric assessment and psychiatric follow-up • Justice and Mental Health program-Scarborough Hospital • ARF • CMHA (various programs) • A variety of housing programs • Reconnect Mental Health Services -North York outpatient CS program: anger management program

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Muskoka Parry Sound Community Mental Health Services

The Lynx Early Intervention Psychosis Program, Peterborough

CMHA Peterborough

CMHA Thunder Bay

CMHA Toronto

CMHA York

CMHA Windsor

St. Michael's Hospital, Toronto

SEEI Partners

Ministry of Health and Long-Term Care

Centre for Addiction and Mental Health

Canadian Mental Health Association – Ontario

Ontario Federation of Community Mental Health and Addiction Programs

Site Interviewers and Program Supports

HAMILTON

Wave 1	Wave 2	Wave 3
	Jayson Keegan	Jessica Pong
	Kate Layard	Patrick Riley
	Patrick Riley	

PARRY SOUND

Wave 1	Wave 2	Wave 3
	Marghita Austin	
	Elizabeth Harper	

PETERBOROUGH

Wave 1	Wave 2	Wave 3
David Barkley	Lynn Baribeau	David Barkley
Alissa Bellwood	David Barkley	Mae Hill
Janet Bennett	Wendy Braund	Melissa Lichtman
Barbara Burns	Barbara Burns	Amber Ward
Heather Davidson	Angela Chambers	Cindy Ward
Greg Hammill	Jennifer Coulson	
Scotty Keast	Robin English	
Melissa Lichtman	Brooke Lacey	
Treena Maxwell	Melissa Lichtman	
Cindy Ward	Marie Sullivan	
Gayle Wolfslast	Cindy Ward	

THUNDER BAY

Wave 1	Wave 2	Wave 3
Ken Boegh	Ken Boegh	Ken Boegh
Carmen Dore	Carmen Dore	Lillian Erickson
Freda Karioja	Lillian Erickson	Freda Karioja
Linda Stewardson	Freda Karioja	Linda Stewardson
Lee Tracz	Linda Stewardson	Lee Tracz
	Lee Tracz	

TORONTO

Wave 1	Wave 2	Wave 3
Michele Caveen, MSc	Michele Caveen, MSc	Blair Burton
Kate MacDonnell	Michael Falikowski	Wayne deRuiter
Brenda Glenns, MHSc	Alana Loewenberger	Sarah Landau
Frances Morton, MHSc	Lawrence Martis	Desmond Loong
Edwin Ng, MSc	Skye Mitchell	Skye Mitchell
Melanie Ollenberg	Yoko Tsuyuki	Lucy Trojanowski
	Angela Yip	Angela Yip
		Natalia Zaslavska

WINDSOR

Wave 1	Wave 2	Wave 3
Al Bellofine	Barb Blain	Gary Fraser
Barb Blain	Gary Fraser	Shelby Gloude
Shelby Gloude	Shelby Gloude	Tammy Lewis
Denise Jackson	Tammy Lewis	Ruth Libby
Hong Zhou	Ruth Libby	Ann-Marie Simpson
	Ann-Marie Simpson	Kerrie Simpson
	Kerrie Simpson	

YORK

Wave 1	Wave 2	Wave 3
Markku Karpinnen	James Amodeo	Doris Moneweg
Doris Moneweg	Doris Moneweg	